Exhibit A

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CIRCUIT COURT OF
MOBILE COUNTY, ALABAMA
JOJO SCHWARZAUER, CLERK

IN THE CIRCUIT COURT OF MOBILE COUNTY, ALABAMA

THE ESTATE OF BRUCE BROCKEL, Deceased, by and through DONNA BROCKEL, as Personal Representative	)	
Plaintiff,	)	**Civil Action No. 2017-CV-902787**
v.	)	
JOHN PATRICK COUCH, RASSAN M. TARABEIN, PHYSICIANS PAIN SPECIALISTS OF ALABAMA, P.C., C&R PHARMACY, LLC, EASTERN SHORE NEUROLOGY CLINIC, INC., PURDUE PHARMA L.P., PFIZER INC., ENDO PHARMACEUTICALS INC., KVK-TECH, INC., ZYDUS PHARMACEUTICALS (USA) INC., NESHER PHARMACEUTICALS (USA) LLC, WATSON LABORATORIES, INC., MALLINCKRODT BRAND PHARMACEUTICALS, INC., WEST-WARD PHARMACEUTICALS CORP., ACTAVIS PHARMA, INC., ROXANE LABORATORIES, INC., PAR PHARMACEUTICAL, INC., RHODES PHARMACEUTICALS L.P., TEVA PHARMACEUTICALS USA, INC., CEPHALON, INC., K, L, M, N, O, P, Q, R, S,T,U,V,W, X,Y, and Z,	)	**PLAINTIFF DEMANDS TRIAL BY JURY**
Defendants.	)	

THIRD AMENDED COMPLAINT

Plaintiff, the Estate of Bruce Brockel, deceased, by and through Donna Brockel, as Personal Representative, amends the Complaint (a) to delete the recklessness and gross negligence claim (Count Ten); (b) to delete the "fraud-on-the-FDA" claims; (c) to amend/supplement/add factual allegations etc. to the fraud-based claims (Counts Five, Six & Seven); and (d) to clarify and/or supplement factual allegations. Plaintiff's Complaint shall hereinafter state as follows:

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I. PARTIES

1. **DONNA BROCKEL** is an individual resident of Mobile, Mobile County, Alabama over the age of 19. **DONNA BROCKEL** is the duly appointed Personal Representative of the Estate of Bruce Brockel, deceased, appointed as such on or about October 19, 2017, by the Probate Court of Mobile County, Alabama. A copy of the Letters of Administration is attached hereto as Exhibit 1.

2. **DONNA BROCKEL** brings this wrongful death action as the duly appointed Personal Representative of the Estate of Bruce Brockel, deceased. **DONNA BROCKEL** and the Estate shall hereinafter be collectively referred to as "**PLAINTIFF**". Bruce Brockel shall hereinafter be referred to as "**BROCKEL**".

3. On information and belief, Defendant, doctor **JOHN PATRICK COUCH** (hereinafter referred to as "**COUCH**"), is an individual currently serving time in a federal prison in Forrest City, Arkansas. **COUCH** may be served with process at 1400 Dale Bumpers Road, Forrest City, Arkansas 72335. **COUCH** conducted substantial business activities in Mobile County, Alabama at all times referred to in this Complaint.

4. On information and belief, Defendant, doctor **RASSAN M. TARABEIN** (hereinafter referred to as "**TARABEIN**"), is an individual currently serving time in a federal prison in Oakdale, Louisiana. **TARABEIN** may be served with process at P.O. Box 5010, Oakdale, Louisiana 71463. **TARABEIN** conducted substantial business activities in Baldwin County, Alabama at all times referred to in this Complaint.

5. Defendant, **PHYSICIANS PAIN SPECIALISTS OF ALABAMA, P.C.** (hereinafter referred to as "**PPSA**",) is an Alabama professional corporation with its principal place of business located in Mobile County, Alabama. **COUCH** is one of the Members and

Shareholders of **PPSA**. **PPSA** conducted substantial business activities in Mobile County at all times referred to in this Complaint.

6. Defendant, **C&R PHARMACY, LLC** (hereinafter referred to as "**C&R**"), is an Alabama limited liability company with its principal place of business located in Mobile, Mobile County, Alabama. **COUCH** is one of the Members and Shareholders of **C&R**. **C&R** is/was located adjacent to **PPSA's** location on Airport Boulevard in Mobile, Alabama. **C&R** conducted substantial business activities in Mobile County at all times referred to in this Complaint.

7. Defendant, **EASTERN SHORE NEUROLOGY CLINIC, INC.** (hereinafter referred to as "**ESNC**"), is a corporation with its principal place of business located in Daphne, Baldwin County, Alabama. **TARABEIN** is/was the owner of **ESNC.** On information and belief, **TARABEIN** and/or **ESNC** were doing business as Eastern Shore Neurology and Pain Center (a private clinic located at 27535 U.S. HWY 98, Daphne, Alabama 36526) where they provided services relating to neurology and pain management.

8. Defendants **COUCH, TARABEIN, PPSA, C&R** and **ESNC** are collectively referred to as "Provider Defendants" herein.

9. **BROCKEL** was prescribed numerous opioids during the 2004 through 2017 time period. These opioids were manufactured by numerous pharmaceutical companies many of which are named Defendants herein. Copies of **BROCKEL**'s records from CVS Pharmacy and Walgreens Pharmacy for the 2010 through 2017 time period are attached hereto as cumulative Exhibit 2. These records show the types of opioids, the manufacturers of the opioids (either by name and/or NDC Number), the prescriber's names, the dates when the prescriptions were filled, and the quantity of opioids. These are not the complete pharmacy records for the 2010 through 2017 time period. For example, **PLAINTIFF** does not have the records from **C&R** and is still trying to obtain same.

10. Defendant, **PURDUE PHARMA L.P.** (hereinafter referred to as "**PURDUE PHARMA**"), is a Delaware limited partnership headquartered in Stamford, Connecticut. **PURDUE PHARMA** manufactures, promotes, markets and sells Schedule II controlled substances such as Oxycodone, OxyContin, Oxy IR, MS Contin and MS IR. On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **PURDUE PHARMA** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

11. Defendant, **PFIZER INC.** (hereinafter referred to as "**PFIZER**"), is a corporation located in New York, New York. **PFIZER** manufactures, markets and sells Schedule II controlled substances such as Avinza. On information and belief, Avinza was prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 3. **PFIZER** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

12. Defendant, **ENDO PHARMACEUTICALS INC.** (hereinafter referred to as "**ENDO**"), is a Delaware corporation headquartered in Malvern, Pennsylvania. **ENDO** manufactures, promotes, markets and sells Schedule II controlled substances such as Morphine

Sulfate ER, Acetaminophen/Oxycodone (Percocet) and Oxymorphone (Opana). On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. In 2010, Qualitest Pharmaceuticals became a wholly owned subsidiary of **ENDO** and effectively dissolved in 2016. Therefore, **ENDO** is liable for the actions/inactions/wrongful conduct of Qualitest Pharmaceuticals. Qualitest Pharmaceuticals manufactured, promoted, marketed and sold Schedule II controlled substances such as Acetaminophen/Hydrocodone (Lortab). On information and belief, these drugs were prescribed to **BROCKEL** during the 2004 through 2009 time period. **ENDO** and Qualitest Pharmaceuticals have transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and have derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute. **ENDO** and Qualitest Pharmaceuticals are collectively referred to as "**ENDO**" herein.

13. Defendant, **KVK-TECH, INC.** (hereinafter referred to as "**KVK-TECH**"), is a corporation located in Newtown, Pennsylvania. **KVK-TECH** manufactures, promotes, markets and sells Schedule II controlled substances such as Oxycodone Hydrochloride and Oxycodone IR. On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **KVK-TECH** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the

State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

14. Defendant, **ZYDUS PHARMACEUTICALS (USA) INC.** (hereinafter referred to as "**ZYDUS**"), is a Delaware corporation headquartered in Pennington, New Jersey. **ZYDUS** manufactures, promotes, markets, sells and/or distributes Schedule II controlled substances such as Morphine Sulfate ER. On information and belief, Morphine Sulfate ER was prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. According to **ZYDUS**, it does not manufacture Morphine Sulfate ER but only distributes same. According to **ZYDUS**, Nesher Pharmaceuticals (USA) LLC is the manufacturer of Morphine Sulfate ER. However, the records from CVS Pharmacy and Walgreens Pharmacy show otherwise. *See* Exhibit 2. In addition, **ZYDUS**'s own website indicates/implies that it manufactures Morphine Sulfate. *See* cumulative Exhibit 4. Moreover, the actual prescription bottles state that **ZYDUS** is the manufacturer of some of the Morphine Sulfate ER prescribed to **BROCKEL**. *See* Exhibit 5. **ZYDUS** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

15. Defendant, **NESHER PHARMACEUTICALS (USA) LLC** (hereinafter referred to as "**NESHER**"), is a corporation headquartered in Bridgeton, Missouri. **NESHER** is being substituted for former fictitious/unknown party "**A**". **NESHER** is a subsidiary of **ZYDUS**. **NESHER** manufactures, promotes, markets, sells and/or distributes Schedule II controlled substances such as Morphine Sulfate ER. On information and belief, Morphine Sulfate ER was

prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **NESHER** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

16. Defendant, **WATSON LABORATORIES, INC.** (hereinafter referred to as "**WATSON**"), is a Nevada corporation with its principal place of business in Corona, California. **WATSON** is being substituted for former fictitious/unknown party "**B**". **WATSON** manufactures, promotes, markets and sells Schedule II controlled substances such as Oxycodone/APAP, Oxycodone/Acetaminophen and Morphine Sulfate ER. On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **WATSON** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

17. Defendant, **MALLINCKRODT BRAND PHARMACEUTICALS, INC.** (hereinafter referred to as "**MALLINCKRODT**"), is a Delaware corporation with its principal place of business in Hazelwood, Missouri. **MALLINCKRODT** is being substituted for former fictitious/unknown party "**C**". **MALLINCKRODT** is a subsidiary of Mallinckrodt plc which is based in Dublin, Ireland. **MALLINCKRODT** manufactures, promotes, markets, sells and/or

distributes Schedule II controlled substances such as Oxycodone/Acetaminophen, Morphine Sulfate ER, Oxycodone Hydrochloride, Roxicodone and Methadone HCL. On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibits 2 and 6. Xanodyne Pharmaceuticals, Inc. formerly manufactured Roxicodone. In 2012, **MALLINCKRODT** purchased Roxicodone from Xanodyne Pharmaceuticals, Inc. **MALLINCKRODT** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

18. Defendant, **WEST-WARD PHARMACEUTICALS CORP.** (hereinafter referred to as "**WEST-WARD**"), is a Delaware corporation with its principal place of business in Eatontown, New Jersey. **WEST-WARD** is being substituted for former fictitious/unknown party "**D**". **WEST-WARD** manufactures, promotes, markets and sells Schedule II controlled substances such as Morphine Sulfate IR and Methadone HCL. On information and belief, these drugs were prescribed to **BROCKEL** during the 2008 through 2017 time period. *See* Exhibit 2. **WEST-WARD** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

19. Defendant, **ACTAVIS PHARMA, INC.** (hereinafter referred to as "**ACTAVIS**"), is a Delaware corporation with its principal place of business in Parsippany, New Jersey. **ACTAVIS** is being substituted for former fictitious/unknown party "**E**". **ACTAVIS** manufactures, promotes, markets and sells Schedule II controlled substances such as Oxycodone/APAP, Oxycodone/Acetaminophen, Oxycodone IR and Hydrocodone/Acetaminophen. On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **ACTAVIS** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

20. Defendant, **ROXANE LABORATORIES, INC.** (hereinafter referred to as "**ROXANE**"), is a Nevada corporation with its principal place of business in Columbus, Ohio. **ROXANE** is being substituted for former fictitious/unknown party "**F**". **ROXANE** manufactures, promotes, markets and sells Schedule II controlled substances such as Morphine Sulfate IR and Methadone HCL. On information and belief, these drugs were prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **ROXANE** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II

controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

21. Defendant, **PAR PHARMACEUTICAL, INC.** (hereinafter referred to as "**PAR**"), is a Delaware corporation with its principal place of business in Spring Valley, New York. **PAR** is being substituted for former fictitious/unknown party "**G**". **PAR** manufactures, promotes, markets and sells Schedule II controlled substances such as Hydrocodone/APAP, Hydrocodone/Acetaminophen, Oxycodone HCL and Acetaminophen/Oxycodone (Endocet). On information and belief, these drugs were prescribed to **BROCKEL** during the 2008 through 2017 time period. *See* Exhibit 2. **PAR** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

22. Defendant, **RHODES PHARMACEUTICALS L.P** (hereinafter referred to as "**RHODES**"), is a Delaware corporation with its principal place of business in Coventry, Rhode Island. **RHODES** is being substituted for former fictitious/unknown party "**H**". **RHODES** manufactures, promotes, markets and sells Schedule II controlled substances such as Morphine Sulfate ER. On information and belief, Morphine Sulfate ER was prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* Exhibit 2. **RHODES** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances

in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

23. Defendant, **TEVA PHARMACEUTICALS USA, INC.** (hereinafter referred to as "**TEVA**"), is a Delaware corporation with its principal place of business in North Wales, Pennsylvania. **TEVA** is being substituted for former fictitious/unknown party "**I**". **TEVA** manufactures, promotes, markets, sells and/or distributes Schedule II controlled substances such as Fentanyl. On information and belief, Fentanyl was prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* cumulative Exhibit 7. **TEVA** is a wholly owned subsidiary of Teva Pharmaceutical Industries, Ltd., an Israeli corporation. **TEVA** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

24. Defendant, **CEPHALON, INC.** (hereinafter referred to as "**CEPHALON**"), is a Delaware corporation with its principal place of business in Frazer, Pennsylvania. **CEPHALON** is being substituted for former fictitious/unknown party "**J**". **CEPHALON** manufactures, promotes, markets, sells and/or distributes Schedule II controlled substances such as Fentora. On information and belief, Fentora was prescribed to **BROCKEL** during the 2010 through 2017 time period. *See* cumulative Exhibit 7. In 2011, Teva Pharmaceutical Industries, Ltd. acquired **CEPHALON**. **CEPHALON** has transacted substantial business activities in Mobile County, Alabama; contracted to render services in Mobile County, Alabama; caused tortious and/or contractual injury resulting in the **PLAINTIFF** sustaining substantial damages by acts or

omissions conducted in Mobile County, Alabama; and has derived substantial revenue from the sale of goods, including Schedule II controlled substances in the State of Alabama. Therefore, this Court has personal jurisdiction over the Defendant pursuant to Alabama's Long Arm Statute.

25. **TEVA** and **CEPHALON** work together to manufacture, promote, distribute and sell Fentora/Fentanyl.

26. Defendants **PURDUE PHARMA, PFIZER, ENDO, MALLINCKRODT** and **CEPHALON** are collectively referred to as "Brand-Name Manufacturer Defendants" herein.

27. **KVK-TECH, ZYDUS, NESHER, WATSON, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES,** and **TEVA** are collectively referred to as "Generic Manufacturer Defendants" herein.

28. Defendants **K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** are individuals, partnerships, corporations or other legal entities (including but not limited to doctors, manufacturers, distributors, and drug/pharmaceutical representatives) whose identities are currently unknown to the **PLAINTIFF**, and whose wrongful conduct described herein resulted in damage to the **PLAINTIFF** and the death of **BROCKEL**.

II. PRELIMINARY STATEMENT

29. Opioids are a serious problem of epidemic proportions in Alabama and nationwide. Approximately 115 Americans die every day from an opioid overdose. In 2015, Alabama had the highest per capita rate of opioid prescriptions and 282 people lost their lives.

30. During the 2004 through August 2017 time frame, **BROCKEL** consumed thousands of prescription opioids that were manufactured, marketed, promoted, sold and/or distributed by the 15 pharmaceutical companies named as Defendants in the Complaint.

31. Opioids have been extremely profitable for the Defendants, especially **PURDUE PHARMA**. In 2012 alone, opioids generated $8 billion in revenue for drug companies. Of that amount, approximately $3.1 billion went to **PURDUE PHARMA** for its OxyContin sales.

32. The Defendants' wrongful conduct has not gone unnoticed. For example, in 2007, **PURDUE PHARMA** pled guilty and agreed to pay more than $600 million in fines for misleading the public about the risks of OxyContin. But the drug continued to rack up blockbuster sales for **PURDUE PHARMA**, generating more than $22 billion over the last decade.

33. As a result of the combined wrongful conduct of the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants, **BROCKEL** committed suicide on August 7, 2017 in the parking lot of Dr. Couch's office in Mobile, Alabama. He was just 48 years old. Not surprisingly, the Brand-Name and Generic Manufacturer Defendants do not accept any responsibility for **BROCKEL's** death. Instead, they attempt to blame him and his treating physicians.

III. SUICIDE

34. The Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants' joint wrongful conduct caused a mental condition in **BROCKEL** that proximately resulted in an uncontrollable impulse to commit suicide and/or that prevented **BROCKEL** from realizing the nature of his act. Therefore, **PLAINTIFF** has met the requirements set forth and/or referenced in *Gillmore, Prill*, *Vinson*, and *Missildine*.

35. Notwithstanding the fact that **PLAINTIFF** has satisfied the requirements set forth and/or referenced in *Gillmore, Prill*, *Vinson* and *Missildine*, more needs to be said. These cases were all decided before suicide rates began to skyrocket especially in situations of opioid use and chronic pain.

36. In 2016, nearly 45,000 Americans age 10 or older died by suicide. Suicide is the 10th leading cause of death and is one of just three leading causes that are on the rise. During the time period from 1999 to 2016, the national suicide rates increased by 25.4% while the Alabama suicide rate increased by 21.9%.

37. In a study recently published on September 11, 2018 by the *Annals of Internal Medicine*, out of 123,181 suicide decedents, 10,789 (8.8%) had evidence of chronic pain, and the percentage increased from 7.4% in 2003 to 10.2% in 2014. More than half (53.6%) of suicide decedents with chronic pain died of firearm related injuries (like **BROCKEL**) and 16.2% by opioid overdose.

38. The only case from the Alabama Supreme Court that **PLAINTIFF's** counsel could find involving suicide and a pharmaceutical company is *Tidwell v. Upjohn Co.*, 626 So.2d 1297 (Ala. 1993). In *Tidwell*, the administratrix of patient's estate brought an Alabama Extended Manufacturer's Liability Doctrine action against the manufacturer of a sleep-inducing drug alleging that the manufacturer negligently manufactured, marketed, and distributed the drug which the patient had been taking immediately before he committed suicide. *Tidwell v. Upjohn Co.*, 626 So.2d 1297 at 1298.

39. In *Tidwell*, the decedent declared that he thought he was "losing his mind", went into the hospital's bathroom, and shot himself in the head with a handgun taken from his travel bag. *Id.* at 1299. The plaintiff claimed that the increased dosage of the drug caused the decedent to kill himself. *Id.* To prove causation, plaintiff offered the testimony of a pharmacist/pharmacologist and psychiatrist. *Id.* The drug manufacturer objected to the testimony. *Id.* The trial court excluded some of the testimony and entered summary judgment in favor of the drug manufacturer. *Id.*

40. The Alabama Supreme Court reversed and remanded after concluding that the testimony of the pharmacist/pharmacologist and psychiatrist constituted substantial evidence of probable causation. *Id.* at 1302-03.

41. It is important to note that the Alabama Supreme Court decided *Tidwell* in September 1993 which was approximately 6 months after it decided *Gilmore* in February 1993. Yet, *Gilmore* was not mentioned at all in *Tidwell*. A logical explanation is that the "uncontrollable impulse" requirement set forth in *Gilmore* does not apply in the context of a product liability action against a drug manufacturer.

42. Notwithstanding the above, at the conclusion of the discovery process, the evidence is going to clearly show that the amount of opioids that **BROCKEL** consumed over many years severely altered his brain chemistry thereby causing him to experience an uncontrollable impulse to commit suicide and/or prevented him from realizing the nature of his act.

43. In addition, the Alabama Supreme Court decided *Gilmore* in 1993 when suicide rates were much lower. Today is a totally different story. Suicides and deaths from prescription overdoses are common place and are certainly foreseeable especially in the context of opiates.

44. **BROCKEL's** commission of suicide after taking thousands of opioids for nearly fifteen years that were manufactured, sold and prescribed by the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants is not unforeseeable as matter of law. To the contrary, **BROCKEL's** suicide was an ordinary and naturally flowing consequence of the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants' wrongful conduct.

IV. BACKGROUND/FACTS – BROCKEL

45. In 2004, **BROCKEL** was involved in a serious motor vehicle accident in Atlanta, Georgia resulting in a broken back, neck and arm. For the next 14 years, **BROCKEL** was prescribed thousands of Schedule II opioids that were manufactured, promoted, marketed, sold, distributed and/or prescribed by the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants.

46. At or near the time of **BROCKEL's** death on August 7, 2017, he was taking Schedule II opioids that were manufactured, promoted, marketed, sold, distributed and/or prescribed by the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants. According to the CVS Pharmacy records which are attached to the Complaint as Exhibit 2, **BROCKEL** obtained a 90 pill prescription of Hydrocodone/Acetaminophen on June 29, 2017 which was only 38 days before his tragic death on August 7, 2017.

47. During the approximately 14 year period that **BROCKEL** was taking the Schedule II opioids that were manufactured, promoted, marketed, sold, distributed and/or prescribed by the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants, he developed severe health problems as a direct result from taking the drugs. Said health problems were physical and mental and include, but are not limited to, opioid dependence, chronic obstructive pulmonary disease, cardiac problems, shortness of breadth, asthma, sleep disorder, anxiety, depression and suicidal ideations.

48. On or about July 31, 2017, **BROCKEL** saw Dr. Michael Kohrman with Southern Pain and Rehab, LLC for pain management. According to Dr. Kohrman's medical records, **BROCKEL** was sweating, had shortness of breath and a high pulse rate, and was experiencing cardiac and sleep problems. Dr. Kohrman noted that **BROCKEL** needed a psych evaluation and

sleep study. Dr. Kohrman also noted that **BROCKEL** needed to go the emergency room and/or see a cardiologist. Further, Dr. Kohrman noted that **BROCKEL** had suicidal thoughts but was not suicidal that day. Moreover, Dr. Kohrman reportedly discussed the need for DETOX with **BROCKEL**.

49. Due to the joint wrongful conduct of the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants, **BROCKEL** committed suicide on August 7, 2017.

50. The joint wrongful conduct of the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants proximately caused a mental condition in **BROCKEL** that proximately resulted in an uncontrollable impulse to commit suicide and/or that prevented **BROCKEL** from realizing the nature of his act. Indeed, 14 years of taking Defendants' opioids severely altered **BROCKEL's** brain chemistry.

51. The joint wrongful conduct of the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants proximately caused **BROCKEL** to experience an uncontrollable impulse consisting of a delirium, frenzy or rage during which **BROCKEL** committed suicide without conscious volition to produce death.

52. **BROCKEL's** suicide was also proximately caused by the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants' intentional and fraudulent conduct as outlined herein.

V. BACKGROUND/FACTS – BRAND-NAME & GENERIC MANUFACTURER DEFENDANTS

53. Opioids include brand-name drugs like OxyContin and Percocet and generics like oxycodone and hydrocodone. They are derived from or possess properties similar to opium and

heroin, and, as such, they are highly addictive and dangerous and therefore are regulated by the Unites States Food and Drug Administration ("FDA") as controlled substances.

54. Opioids provide effective treatment for short-term post-surgical and trauma-related pain, and for palliative end-of-life care. They are approved by the FDA for use in the management of moderate to severe pain where use of an opioid analgesic is appropriate for more than a few days.

55. However, the Brand-Name and Generic Manufacturer Defendants have manufactured, promoted, marketed, sold and/or distributed opioids for the management of pain by misleading consumers (including **BROCKEL**) and medical providers (including **COUCH** and **TARABEIN**) through misrepresentations or omissions regarding the appropriate uses, risks, and safety of opioids, and by flooding Alabama with highly addictive prescription medications without regard for the adverse consequences to the State and its residents like **BROCKEL**.

56. The Brand-Name and Generic Manufacturer Defendants knew that, barring exceptional circumstances, opioids are too addictive and debilitating for long-term use for chronic non-cancer pain lasting three months or longer.

57. The Brand-Name and Generic Manufacturer Defendants knew that, with prolonged use, the effectiveness of opioids wanes, requiring increases in doses to achieve pain relief and markedly increasing the risk of significant side effects and addiction.[1]

58. The Brand-Name and Generic Manufacturer Defendants knew that controlled studies of the safety and efficacy of opioids were limited to short-term use (*i.e.,* not longer than 90 days) in managed settings (*e.g.*, hospitals) where the risk of addiction and other adverse outcomes was significantly minimized.

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[1] *See, e.g.*, Russell K. Portenoy, *Opioid Therapy for Chronic Nonmalignant Pain: Current Status*, 1 Progress in Pain Res. & Mgmt., 247-287 (H.L. Fields and J.C. Liebeskind cds. 1994).

59. To date, there have been no long-term studies demonstrating the safety and efficacy of opioids for long-term use.

60. Despite the foregoing knowledge, in order to expand the market for opioids and realize blockbuster profits, the Brand-Name and Generic Manufacturer Defendants sought to create a false perception of the safety and efficacy of opioids in the minds of medical professionals and members of the public that would encourage the use of opioids for longer periods of time and to treat a wider range of problems, including such common aches and pains as lower back pain, arthritis, and headaches.

61. The Brand-Name and Generic Manufacturer Defendants accomplished that false perception through a coordinated, sophisticated, and highly deceptive marketing campaign that began in the late 1990s, became more aggressive in or about 2006, and continues to the present.

62. The Brand-Name and Generic Manufacturer Defendants accomplished their marketing campaign goal by convincing doctors (including **COUCH** and **TARABEIN**), patients (including **BROCKEL**), and others that the benefits of using opioids to treat chronic pain outweighed the risks, and that opioids could be safely used by most patients.

63. The Brand-Name and Generic Manufacturer Defendants, individually and collectively, knowing that long-term opioid use causes addiction, misrepresented the dangers of long-term opioid use to physicians (including **COUCH** and **TARABEIN**), pharmacists, and patients (including **BROCKEL**) by engaging in a campaign to minimize the risks of, and to encourage, long-term opioid use.

64. The Brand-Name and Generic Manufacturer Defendants' marketing campaign has been extremely successful in expanding opioid use. Since 1999, the amount of prescription

opioids sold in the U.S. has nearly quadrupled.[2] In 2010, 254 million prescriptions for opioids were filed in the U.S. – enough to medicate every adult in America around the clock for a month. In that year, 20% of all doctors' visits resulted in the prescription of an opioid (nearly double the rate in 2000).[3] While Americans represent only 4.6% of the world's population, they consume 80% of the opioids supplied around the world and 99% of the global hydrocodone supply.[4] By 2014, nearly two million Americans either abused or were dependent on opioids.[5]

65. The Brand-Name and Generic Manufacturer Defendants' campaign has been extremely profitable for them. In 2012 alone, opioids generated $8 billion in revenue for drug companies.[6] Of that amount, $3.1 billion went to **PURDUE PHARMA** for its OxyContin sales.[7]

66. In 2007, **PURDUE PHARMA**, pleaded guilty and agreed to pay more than $600 million in fines for misleading the public about the risks of OxyContin. But the drug continued to rack up blockbuster sales, generating more than $22 billion over the last decade.[8]

67. The Brand-Name and Generic Manufacturer Defendants' marketing campaign has been extremely harmful to Americans. Overdoses from prescription pain relievers are a driving factor in a 15-year increase in opioid overdose deaths. Deaths from prescription opioids have also quadrupled since 1999. From 2000 to 2016, nearly half a million-people died from such overdoses. One hundred and fifteen Americans die every day from an opioid overdose.[9]

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[2] CDC, Injury Prevention & Control: Opioid Overdose, Understanding the Epidemic, Available at: http://www.cdc.gov/drugoverdose/epidemic/index.html (accessed March 31, 2016)(internal footnotes omitted).
[3] M. Daubresse, et al., Ambulatory Diagnosis and Treatment of Nonmalignant Pain in the United States, 2000-2010, 51(10) Med. Care 870-78 (2013).
[4] I. Manchikanti, et al., Therapeutic Use, Abuse, and Nonmedical Use of Opioids: A Ten-Year Perspective, 13 Pain Physician 401-435 (2010).
[5] CDC, Injury Prevention & Control: Opioid Overdose, Prescription Opioids. Available at: http://www.cdc.gov/drugoverdose/opioids/prescribed.html (accessed March 31, 2016).
[6] B. Meier & B. Marsh, *The Soaring Cost of the Opioid Economy*, N.Y. Times (June 22, 2013).
[7] K. Eban, *Purdue Pharma's Painful Medicine*, Fortune Magazine (Nov. 9, 2011).
[8] https://www.publicintegrity.org/2016/09/19/20201/pro-painkiller-echo-chamber-shaped-policy-amid-drug-epidemic.
[9] CDC, Injury Prevention & Control: Opioid Overdose, Understanding the Epidemic, *supra*.

68. In 2012, an estimated 2.1 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers.[10] Between 30% and 40% of long-term users of opioids experience problems with opioid use disorders.[11]

69. Opioid addiction and overdose have reached epidemic levels over the past decade. On March 22, 2016, the FDA recognized opioid abuse as a "public health crisis" that has a "profound impact on individuals, families and communities across our country."[12] The Brand-Name and Generic Manufacturer Defendants' marketing campaign has failed to achieve any material health care benefits. Since 1999, there has been no overall change in the amount of pain that Americans report.[13]

70. The National Institutes of Health ("NIH") not only recognizes the opioid abuse problem, but also identifies the Brand-Name and Generic Manufacturer Defendants' "aggressive marketing" as a major cause: "Several factors are likely to have contributed to the severity of the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and *aggressive marketing by pharmaceutical companies*.[14] As shown below, the "drastic increases in the number of prescriptions written and dispensed" and the "greater social acceptability for using medications for different purposes" are not really independent

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[10] Substance Abuse and Mental Health Services Administration, Results from the 2012 *National Survey on Drug Use and Health*: *Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.
[11] J. Boscarino et al., Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system, 105(10) Addiction 1776 (2010); J. Boscarino et al., Prevalence of Prescription Opioid-Use Disorder Among Chronic Pain Patients: Comparison of the DSM-4 Diagnostic Criteria, 30(3) Journal of Addictive Diseases 185 (2011).
[12] FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death. Available at http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm (accessed March 31, 2016).
[13] CDC, Injury Prevention & Control: Opioid Overdose, Understanding the Epidemic, *supra*.
[14] America's Addiction to Opioids: Heroin and Prescription Drug Abuse. Available at http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse#_ftn2 (accessed March 31, 2016) (emphasis added).

causative factors but are in fact the direct result of "the aggressive marketing by pharmaceutical companies."

71. The rising numbers of persons addicted to opioids have led to significantly increased health care costs as well as a dramatic increase of social problems, including drug abuse and diversion[15] and the commission of criminal acts to obtain opioids throughout the United States. The Centers for Disease Control and Prevention (CDC) recently estimated that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of health care, lost productivity, addiction treatment, and criminal justice involvement.[16] Consequently, public health and safety throughout the United States has been significantly and negatively impacted due to the misrepresentations and omissions by the Brand-Name and Generic Manufacturer Defendants regarding the appropriate uses and risks of opioids, ultimately leading to widespread inappropriate use of the drug.

72. Deaths from prescription opioids have quadrupled since 1999. From 2000 to 2014, nearly half a million-people died from such overdoses. In 2015, over 33,000 Americans died as a result of an opioid overdose,[17] and an estimated 2 million people in the United States suffered from substance use disorders related to prescription opioid pain medicines (including fentanyl), and 591,000 suffered from a heroin use disorder (not mutually exclusive).[18] Prescription opioid misuse is a significant risk factor for heroin use; 80 percent of heroin users first misuse prescription opioids.[19]

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[15] According to the CDC, when prescription medicines are obtained or used illegally, it is called "drug diversion."
[16] Florence, C.S., Zhou, C., Luo, F. & Xu, L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Medical Care 54, 901-906, doi: 10.1097/MLR.0000000000000625 (2016).
[17] Rudd, R. A., Seth, P., David, F. & Scholl, L. Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010-2015. MMWR Morb. Mortal. Wkly. Rep. 65, 1445-1452, doi: 10.15585/mmwr.mm655051el (2016).
[18] Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health 2015 Detailed Tables. (2016).
[19] Muhuri, P. K., Gfroerer, J.C. & Davies, M.C. (CBHSQ [Center for Behavioral Health Statistics and Quality] Data Review, 2013).

73. The dramatic increase in opioid prescriptions to treat common chronic pain conditions has resulted in a population of addicts who seek drugs from doctors. When turned down by one physician, many of these addicts deploy increasingly desperate tactics – including doctor shopping, use of aliases, and criminal means – to satisfy their cravings, cravings which the Brand-Name and Generic Manufacturer Defendants first fostered then fueled.

74. Alabama is currently experiencing an epidemic of opioid-related overdose and death. People with opioid addiction are at high risk of overdose and death. The opioid-related death rate in Alabama has surpassed the national average, with an especially sharp rise in the last two years.

75. The pain-relieving properties of opium have been recognized for a millennia. So has the magnitude of its potential for abuse and addiction. Opioids are related to illegal drugs like opium and heroin.

76. During the Civil War, opioids, then known as "tinctures of laudanum," gained popularity among doctors and pharmacists for their ability to reduce anxiety and relieve pain – particularly on the battlefield – and they were popularly used in a wide variety of commercial products ranging from pain elixirs to cough suppressants to beverages. By 1900, an estimated 300,000 people were addicted to opioids in the United States,[20] and many doctors prescribed opioids solely to avoid patients' withdrawal. Both the numbers of opioid addicts and the difficulty in weaning patients from opioids made clear their highly addictive nature.

77. Due to concerns about their addictive properties, opioids have been regulated at the federal level as controlled substances by the U.S. Drug Enforcement Administration ("DEA") since 1970. The labels for scheduled opioid drugs carry black box warnings of potential

[20] Substance Abuse and Mental Health Services Administration, Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs, Treatment Improvement Protocol (TIP Services), No. 43 (2005).

addiction and "[s]erious, life-threatening, or fatal respiratory depression," as the result of an excessive dose.

78. Studies and articles from the 1970s and 1980s also made clear the reasons to avoid opioids. Scientists observed negative outcomes from long-term opioid therapy in pain management programs; opioids' mixed record in reducing pain long-term and failure to improve patients' function; greater pain complaints as most patients developed tolerance to opioids; opioid patients' diminished ability to perform basic tasks; their inability to make use of complementary treatments like physical therapy due to the side effects of opioids; and addiction. Leading authorities discouraged, or even prohibited, the use of opioid therapy for chronic pain.

79. To take advantage of the lucrative market for chronic pain patients, the Brand-Name and Generic Manufacturer Defendants developed a well-funded marketing scheme based on deception. The Brand-Name and Generic Manufacturer Defendants used both direct marketing and unbranded advertising disseminated by seemingly independent third parties to spread false and deceptive statements about the risks and benefits of long term opioid use. Such statements benefitted not only themselves and the third-parties who gained legitimacy when Defendants repeated those statements, but also other opioid manufacturers. These statements were not only unsupported by, or contrary to the scientific evidence, they were also contrary to pronouncements by and guidance from the FDA and CDC based on that evidence. They also targeted susceptible prescribers and vulnerable patient populations.

80. The Brand-Name and Generic Manufacturer Defendants, through their own marketing efforts and publications and through their sponsorship and control of patient advocacy and medical societies and projects, caused deceptive materials and information to be placed into the marketplace, including to prescribers (including **COUCH & TARABEIN**) and patients (including **BROCKEL**) nationwide and in Alabama. These promotional messages were

intended to and did encourage patients (including **BROCKEL**) to ask for and doctors (including **COUCH** & **TARABEIN**) to prescribe chronic opioid therapy.

81. Doctors are the gatekeepers for all prescription drugs so, not surprisingly, the Brand-Name and Generic Manufacturer Defendants focused the bulk of their marketing efforts, and their multi-million-dollar budgets, on the professional medical community. Particularly because of barriers to prescribing opioids, which are regulated as controlled substances, the Brand-Name and Generic Manufacturer Defendants knew doctors would not treat patients with common chronic pain complaints with opioids unless doctors were persuaded that opioids had real benefits and minimal risks. Accordingly, the Brand-Name and Generic Manufacturer Defendants did not disclose to prescribers (including **COUCH** & **TARABEIN**), patients (including **BROCKEL**) or the public that evidence in support of their promotional claims was inconclusive, non-existent or unavailable. Rather, the Brand-Name and Generic Manufacturer Defendants disseminated misleading and unsupported messages that caused the target audience to believe those messages were corroborated by scientific evidence. As a result, doctors nationwide and doctors in Alabama (including **COUCH** & **TARABEIN**) began prescribing opioids long-term to treat chronic pain – something that most never would have considered prior to the Brand-Name and Generic Manufacturer Defendants' campaign.

82. Drug company marketing materially impacts doctors' prescribing behavior.[21] Doctors rely on drug companies to provide them with truthful information about the risks and benefits of their products, and they are influenced by their patients' requests for particular drugs.

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[21] See, e.g., P. Manchanda & P. Chintagunta, *Responsiveness of Physician Prescription Behavior to Salesforce Effort: An Individual Level Analysis,* 15 (2-3) Mktg. Letters 129 (2004) (detailing has a positive impact on prescriptions written); I. Larkin, *Restrictions on Pharmaceutical Detailing Reduced Off-Label Prescribing of Antidepressants and Antipsychotics in Children*, 33(6) Health Affairs 1014 (2014) (finding academic medical centers that restricted direct promotion by pharmaceutical sales representatives resulted in a 34% decline in on-label use of promoted drugs); *see also* A. Van Zee, *The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy*, 99(2) Am J. Pub. Health 221 (2009) (correlating an increase of OxyContin prescriptions

83. The Brand-Name and Generic Manufacturer Defendants spent millions of dollars to market their drugs to prescribers (including **COUCH** & **TARABEIN**) and patients (including **BROCKEL**) and meticulously tracked their return on that investment. In one recent survey published by the AMA, even though nine in ten general practitioners reported prescription drug abuse to be a moderate to large problem in their communities, 88% of the respondents said they were confident in their prescribing skills, and nearly half were comfortable using opioids for chronic non-cancer pain.[22] These results are directly due to the Brand-Name and Generic Manufacturer Defendants' fraudulent marketing campaign.

84. As described in detail below, the Brand-Name and Generic Manufacturer Defendants:

- misrepresented the truth about how opioids lead to addiction;
- misrepresented that opioids improve function;
- misrepresented that addiction risk can be managed;
- misled doctors (including **COUCH** & **TARABEIN**) and patients (including **BROCKEL**) through the use of misleading terms like "pseudoaddiction";
- falsely claimed that withdrawal is simply managed;
- misrepresented that increased doses pose no significant additional risks;
- falsely omitted or minimized the adverse effects of opioids and overstated the risks of alternative forms of pain treatment.

85. The Brand-Name and Generic Manufacturer Defendants' misrepresentations were aimed at doctors (including **COUCH** & **TARABEIN**) and patients (including **BROCKEL**).

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from 670,000 annually in 1997 to 6.2 million in 2002 to a doubling of Purdue's sales force and trebling of annual sales calls).

[22] Research Letter, Prescription Drug Abuse: A National Survey of Primary Care Physicians, JAMA Intern. Med. (Dec. 8, 2014), E1-E3.

86. Underlying each of the Brand-Name and Generic Manufacturer Defendants' misrepresentations and deceptions in promoting the long-term continuous use of opioids to treat chronic pain was their collective effort to hide from the medical community the fact that there exist no adequate and well-controlled studies of opioid use longer than 12 weeks.[23]

87. Drug companies' promotional activity can be branded or unbranded. Unbranded marketing refers not to a specific drug, but more generally to a disease state or treatment. By using unbranded communications, drug companies can evade the extensive regulatory framework governing branded communications.

88. A drug company's branded marketing, which identifies and promotes a specific drug, must: (a) be consistent with its label and supported by substantial scientific evidence; (b) not include false or misleading statements or material omissions; and (c) fairly balance the drug's benefits and risks.

89. Further, the Federal Food, Drug, and Cosmetic Act ("FDCA") places further restrictions on branded marketing. It prohibits the sale in interstate commerce of drugs that are "misbranded." A drug is "misbranded" if it lacks "adequate directions for use" or if the label is false or misleading "in any particular." "Labeling" includes more than the drug's physical label; it also includes "all … other written, printed, or graphic matter … accompanying "the drug, including promotional material. The term "accompanying" is interpreted broadly to include promotional materials – posters, websites, brochures, books, and the like – disseminated by or on behalf of the manufacturer of the drug. Thus, the Brand-Name and Generic Manufacturer Defendants' promotional materials are part of their drugs' labels and required to be accurate, balanced, and not misleading.

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[23] Letter from Janet Woodcock, M.D., Dir., Ctr. For Drug Eval. & Res., to Andrew Kolodny, M.D., Pres. *Physicians for Responsible Opioid Prescribing*, Re Docket No. FDA-2012-P-0818 (Sept. 10, 2013).

90. The Brand-Name and Generic Manufacturer Defendants generally avoided using branded advertisements to spread their deceptive messages and claims regarding opioids. The Brand-Name and Generic Manufacturer Defendants did so in order to evade regulatory review.

91. Instead, the Brand-Name and Generic Manufacturer Defendants disseminated much of their false, misleading, imbalanced, and unsupported statements through unregulated unbranded marketing materials – materials that generally promoted opioid use but did not name a specific opioid while doing so. Through these unbranded materials, the Brand-Name and Generic Manufacturer Defendants presented information and instructions concerning opioids generally that were false and misleading.

92. By acting through third parties, the Brand-Name and Generic Manufacturer Defendants were able to give the false appearance that their messages reflected the views of independent third parties. Later, the Brand-Name and Generic Manufacturer Defendants would cite to these sources as "independent" corroboration of their own statements. Further, as one physician adviser to the Brand-Name and Generic Manufacturer Defendants noted, third-party documents had not only greater credibility, but also broader distribution, as doctors did not "push back" at having materials, for example, from the non-profit American Pain Foundation ("APF") on display in their offices, as they would with drug company pieces.

93. As part of their marketing scheme, the Brand-Name and Generic Manufacturer Defendants spread and validated their deceptive messages through the following unbranded vehicles ("the Vehicles"): (i) so-called "key opinion leaders" (*i.e.*, physicians who influence their peers' medical practice, including but not limited to prescribing behavior) ("KOLs"), who wrote favorable journal articles and delivered supportive CMEs, (ii) a body of biased and unsupported scientific literature; (iii) treatment guidelines; (iv) CMEs; and (v) unbranded patient education materials disseminated through groups purporting to be patient-advocacy and professional

organizations ("Front Groups"), which exercised their influence both directly and indirectly through Defendant-controlled KOLs who served in leadership roles in these organizations.

94. The Brand-Name and Generic Manufacturer Defendants disseminated many of their false, misleading, imbalanced and unsupported messages through the Vehicles because they appeared to uninformed observers to be independent. Through unbranded materials, the Brand-Name and Generic Manufacturer Defendants presented information and instructions concerning opioids generally that were false and misleading.

95. Even where such unbranded messages were disseminated through third-party vehicles, the Brand-Name and Generic Manufacturer Defendants adopted these messages as their own when they cited to, edited, approved, and distributed such materials knowing they were false, misleading, unsubstantiated, unbalanced, and incomplete. As described herein, the Brand-Name and Generic Manufacturer Defendants' sales representatives distributed third-party marketing material to Defendants' target audience that was deceptive.

96. The Brand-Name and Generic Manufacturer Defendants took an active role in guiding, reviewing, and approving many of the misleading statements issued by third parties, ensuring that Defendants were consistently in control of their content. By funding, directing, editing, and distributing these materials, the Brand-Name and Generic Manufacturer Defendants exercised control over their deceptive messages and acted in concert with these third parties fraudulently to promote the use of opioids for the treatment of chronic pain.

97. The unbranded marketing materials that the Brand-Name and Generic Manufacturer Defendants assisted in creating and distributing either did not disclose the risks of addiction, abuse, misuse, and overdose, or affirmatively denied or minimized those risks.

98. Like cigarette makers, which engaged in an industry-wide effort to misrepresent the safety and risks of smoking, the Brand-Name and Generic Manufacturer Defendants worked

with each other and with the Front Groups and KOLs they funded and directed to carry out a common scheme to deceptively market opioids by misrepresenting the risks, benefits, and superiority of opioids to treat chronic pain.

99. The Brand-Name and Generic Manufacturer Defendants' fraudulent representation that opioids are rarely addictive is central to Defendants' scheme. Through their well-funded, comprehensive, aggressive marketing efforts, the Brand-Name and Generic Manufacturer Defendants succeeded in changing the perceptions of many physicians (including **COUCH** and **TARABEIN**), patients (including **BROCKEL**), and health care payors and in getting them to accept that addiction rates are low and that addiction is unlikely to develop when opioids are prescribed for pain. That, in turn, directly led to the expected, intended, and foreseeable result that doctors (including **COUCH** and **TARABEIN**) prescribed more opioids to more patients (including **BROCKEL**) – thereby enriching Defendants.

100. The Brand-Name and Generic Manufacturer Defendants spread their false and deceptive statements by marketing their branded opioids directly to doctors (including **COUCH & TARABEIN)** and patients (including **BROCKEL**) throughout the country and in Alabama. The Brand-Name and Generic Manufacturer Defendants deployed throughout the state seemingly unbiased and independent third parties that they controlled to spread their false and deceptive statements about the risks and benefits of opioids for the treatment of chronic pain.

101. The Brand-Name and Generic Manufacturer Defendants' direct marketing of opioids generally proceeded on two tracks. First, the Brand-Name and Generic Manufacturer Defendants conducted and continue to conduct advertising campaigns touting the purported benefit of their branded drugs. For example, the Brand-Name and Generic Manufacturer Defendants spent more than $14 million on medical journal advertising of opioids in 2011,

nearly triple what they spent in 2001. The amount included $8.3 million by **PURDUE PHARMA** and $1.1 million by **ENDO**.

102. A number of the Brand-Name and Generic Manufacturer Defendants' branded ads deceptively portrayed the benefits of opioids for chronic pain. For example, **ENDO** distributed and made available on its website opana.com, a pamphlet promoting Opana ER with photographs depicting patients with physically demanding jobs like construction worker and chef, misleadingly implying that the drug would provide long-term pain-relief and functional improvement. **PURDUE PHARMA** also ran a series of ads called "Pain Vignettes" for Oxycontin in 2012 in medical journals. These ads featured chronic pain patients and recommended OxyContin for each. One ad described a "54-year-old writer with osteomthritis of the hands" and implied that OxyContin would help the writer work more effectively. **ENDO** and **PURDUE PHARMA** agreed in late 2015 and 2016 to halt these misleading representations in New York, but they may continue to disseminate them in other states.

103. Second, the Brand-Name and Generic Manufacturer Defendants promoted the use of opioids for chronic pain through "detailers" - sales representatives who visited individual doctors (including **COUCH & TARABEIN)** and medical staff in their offices and small group speaker programs. The Brand-Name and Generic Manufacturer Defendants have not corrected this misinformation. Instead, the Brand-Name and Generic Manufacturer Defendants have devoted and continue to devote massive resources to direct sales contacts with doctors. In 2014 alone, the Brand-Name and Generic Manufacturer Defendants spent $168 million on detailing branded opioids to doctors (including **COUCH & TARABEIN)**. This amount is twice as much as they spent on detailing in 2000. The amount includes $108 million spent by **PURDUE PHARMA**, $13 million by **CEPHALON** and $10 million by **ENDO**.

104. The Brand-Name and Generic Manufacturer Defendants' detailers have been reprimanded for their deceptive promotions. A July 2010 "Dear Doctor" letter mandated by the FDA required Actavis to acknowledge to the doctors to whom it marketed its drugs that "[b]etween June 2009 and February 2010, Actavis sales representatives distributed … promotional materials that … omitted and minimized serious risks associated with [Kadian]," including the risk of "[m]isuse, [a]buse, and [d]iversion of Opioids" and, specifically, the risk that "Opioid[s] have the potential for being abused and are sought by drug abusers and people with addiction disorders and are subject to criminal diversion."

105. Discontinuing opioids after more than just a few weeks of therapy will cause most patients to experience withdrawal symptoms. These withdrawal symptoms include: severe anxiety, nausea, vomiting, headaches, agitation, insomnia, tremors, hallucinations, delirium, pain, and other serious symptoms, which may persist for months after a complete withdrawal from opioids, depending on how long the opioids were used.

106. When under the continuous influence of opioids over time, patients grow tolerant to their analgesic effects. As tolerance increases, a patient typically requires progressively higher doses in order to obtain the same levels of pain reduction to which he has become accustomed – up to and including doses that are "frighteningly high."[24] At higher doses, the effects of withdrawal are more substantial, thus leaving a patient at a much higher risk of addiction. A patient can take the opioids at the continuously escalating dosages to match pain tolerance and still overdose at recommended levels.

107. Opioids vary by duration. Long-acting opioids, such as **PURDUE PHARMA's** OxyContin and **ENDO's** Opana ER, are designed to be taken once or twice daily and are

[24] M. Katz, Long-term Opioid Treatment of Nonmalignant Pain: A Believer Loses His Faith, 170(16) Archives of Internal Med. 1422 (2010).

purported to provide continuous opioid therapy for, in general, 12 hours. Short-acting opioids, such as **CEPHALON's** Fentora, are designed to be taken in addition to long-acting opioids to address "episodic pain" and provide fast-acting, supplemental opioid therapy lasting approximately 4 to 6 hours.

108. The Brand-Name and Generic Manufacturer Defendants promoted the idea that pain should be treated by taking long-acting opioids continuously and supplementing them by also taking short-acting, rapid-onset opioids for episodic pain.

109. In 2013, in response to a petition to require manufacturers to strengthen warnings on the labels of long-acting opioid products, the FDA warned of the "grave risks" of opioids, including "addiction, overdose, and even death." The FDA further warned, "[e]ven proper use of opioids under medical supervision can result in life-threatening respiratory depression, coma, and death." Because of those grave risks, the FDA said that long-acting or extended release opioids "should be used only when alternative treatments are inadequate."[25] The FDA required that – going forward – opioid makers of long-acting formulations clearly communicate these risks in their labels.

110. In 2016, the FDA expanded its warnings for immediate-release opioid pain medications, requiring similar changes to the labeling of immediate-release opioid pain medications as it had for extended release opioids in 2013. The FDA also required several additional safety-labeling changes across all prescription opioid products to include additional information on the risk of these medications.[26]

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[25] Letter from Janet Woodcock, M.D., Dir., Ctr. For Drug Eval. & Res., to Andrew Kolodny, M.D., Pres. *Physicians for Responsible Opioid Prescribing*, Re Docket No. FDA-2012-P-0818 (Sept. 10, 2013)(emphasis in original).

[26] FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death. Available at http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739htm (accessed March 31, 2016).

111. The facts on which the FDA relied in 2013 and 2016 were well known to the Brand-Name and Generic Manufacturer Defendants in the 1990s when their deceptive marketing began.

112. The Brand-Name and Generic Manufacturer Defendants falsely claimed that doctors and patients could increase opioid dosages indefinitely without added risk and failed to disclose the greater risks to patients at higher dosages. The ability to escalate dosages was critical to the Brand-Name and Generic Manufacturer Defendants' efforts to market opioids for long-term use to treat chronic pain because, absent this misrepresentation, doctors (including **COUCH & TARABEIN)** would have abandoned treatment when patients (including **BROCKEL**) built up tolerance and lower dosages did not provide pain relief. Some illustrative examples are described below:

a. **PURDUE PHARMA** and **CEPHALON** sponsored APF's *Treatment Options a Guide for People Living with Pain* (2007), which claims that some patients "need" a larger dose of an opioid, regardless of the dose currently prescribed. The guide stated that opioids have "no ceiling dose" and are therefore the most appropriate treatment for severe pain.

b. **ENDO** sponsored a website, painknowledge.com, which claimed in 2009 that opioid dosages may be increased until "you are on the right dose of medication for your pain."

c. **ENDO** distributed a pamphlet edited by KOL entitled *Understanding Your Pain: Taking Oral Opioid Analgesics*, which was recently available on **ENDO's** website. In Q&A format, it asked "If I take the opioid now, will it work later when I really need it?" The response is, "The dose can be increased … You won't 'run out' of pain relief."

d. **PURDUE PHARMA's** "In the Face of Pain" website promotes the notion that if a patient's doctor does not prescribe what, in the patient's view, is a sufficient dosage of opioids, he or she should find another doctor who will.

e. **PURDUE PHARMA** sponsored APF's *A Policymaker's Guide to Understanding Pain & Its Management*, which taught that dosage

escalations are "sometimes necessary," even unlimited ones, but did not disclose the risks from high opioid dosages.

f. **PURDUE PHARMA** sponsored a CME entitled *Overview of Management Options*. The CME was edited by a KOL and taught that NSAIDs and other drugs, but not opioids, are unsafe at high dosages.

g. **PURDUE PHARMA** presented a 2015 paper at the College on the Problems of Drug Dependence, the "oldest and largest organization in the US dedicated to advancing a scientific approach to substance use and addictive disorders," *see* www.cpdd.org, challenging the correlation between opioid dosage and overdose.

113. These claims conflict with the scientific evidence, as confirmed by the FDA and CDC. As the CDC explains in its 2016 Guideline, the "[b]enefits of high-dose opioids for chronic pain are not established" while the "risks for serious harms related to opioid therapy increase at higher opioid dosage." More specifically, the CDC explains that "there is now an established body of scientific evidence showing that overdose risk is increased at higher opioid dosages." The CDC also states that "there is an increased risk for opioid use disorder, respiratory depression, and death at higher dosages." That is why the CDC advises doctors to "avoid increasing dosages" above 90 morphine milligram equivalents per day.

114. The 2016 CDC Guideline reinforces earlier findings announced by the FDA. In 2013, the FDA acknowledged "that the available date do suggest a relationship between increasing opioid dose and risk of certain adverse events." For example, the FDA noted that studies "appear to credibly suggest a positive association between high-dose opioid use and the risk of overdose and/or overdose mortality."

115. The Brand-Name and Generic Manufacturer Defendants' deceptive marketing of the so-called abuse-deterrent properties of some of their opioids has created false impressions that these opioids can curb addiction and abuse. Indeed, in a 2014 survey of 1,000 primary care

physicians, nearly half reported that they believed abuse-deterrent formulations are inherently less addictive.[27]

116. More specifically, the Brand-Name and Generic Manufacturer Defendants have made misleading claims about the ability of their so-called abuse deterrent opioid formulations to deter abuse. For example, **ENDO's** advertisement for the 2012 reformulation of Opana ER claimed that it was designed to be crush resistant, in a way that suggested it was more difficult to abuse. This claim was false. The FDA warned in a 2013 letter that there was no evidence **ENDO's** design "would provide a reduction in oral, intranasal, or intravenous abuse." The FDA has subsequently taken the extraordinary action of "'request[ing] that Endo Pharmaceuticals remove … Opana ER … from the market.'"[28]

117. According to the FDA, **ENDO's** reformulation of Opana ER "made things worse": "'[P]ostingmarketing data … demonstrate[s] a significant shift in the route of abuse of Opana ER from nasal to injection following the product's reformulation.'" Moreover, **ENDO's** own studies, which it failed to disclose, showed that Opana ER could still be ground and chewed.

118. In a 2016 settlement with the State of New York, **ENDO** agreed not to make statements in New York that Opana ER was "designed to be, or is crush resistant." The State found these statements false and deceptive because there was no difference in the ability to extract the narcotic from Opana ER. Similarly, the 2016 CDC Guideline states that "[n]o studies" support the notion that "abuse-deterrent technologies [are] a risk mitigation strategy for deterring or preventing abuse," noting that the technologies – even when they work – "do not

[27] Catherin S. Hwang et al., Prescription Drug Abuse: A National Survey of Primary Care Physicians, 175(2) JAMA Intern. Med. 302-04 (Dec. 8, 2014)
[28] Maggie Fox, *FDA Asks Drug Company to Pull its Opioid Opana Because of Abuse*, NBCNews.com (June 9, 2017), http://www.nbcnews.com/storyline/americas-heroin-epidemic/fda-asks-drug-companypull-its-opioid-opana-because-abuse-n770 121

prevent opioid abuse through oral intake, the most common route of opioid abuse, and can still be abused by non-oral routes."

119. These numerous, longstanding misrepresentations of the risks of long-term opioid use spread by the Brand-Name and Generic Manufacturer Defendants successfully convinced doctors (including **COUCH & TARABEIN)** and patients (including **BROCKEL**) to discount those risks.

120. The Brand-Name and Generic Manufacturer Defendants also identified doctors to serve, for payment, on their speakers' bureaus and to attend programs with speakers and meals paid for by them. These speaker programs provided: (1) an incentive for doctors to prescribe a particular opioid (so they might be selected to promote the drug); (2) recognition and compensation for these doctors selected as speakers; and (3) an opportunity to promote the drug through the speaker to his or her peers. These speakers give the false impression that they are providing unbiased and medically accurate presentations when they are, in fact, presenting a script prepared by the Brand-Name and Generic Manufacturer Defendants. On information and belief, these presentations conveyed misleading information, omitted material information, and failed to connect the Brand-Name and Generic Manufacturer Defendants' prior misrepresentations about the risk and benefits of opioids.

121. The Brand-Name and Generic Manufacturer Defendants' detailing to doctors (including **COUCH & TARABEIN)** is effective. Numerous studies indicate that marketing impacts prescribing habits, with face-to-face detailing having the greatest influence. Even without such studies, the Brand-Name and Generic Manufacturer Defendants purchase, manipulate, and analyze some of the most sophisticated data available in *any* industry, data available from IMS Health Holdings, Inc., to track, precisely, the rates of initial prescribing and renewal by individual doctor, which in turn allows them to target, tailor, and monitor the impact

of their core messages. Thus, the Brand-Name and Generic Manufacturer Defendants *know* their detailing to doctors (including **COUCH & TARABEIN**) is effective.

122. To convince doctors (including **COUCH & TARABEIN**) and patients (including **BROCKEL**) that opioids are safe, the Brand-Name and Generic Manufacturer Defendants deceptively trivialized and failed to disclose the risks of long-term opioid use, particularly the risk of addiction, through a series of misrepresentations that have been conclusively debunked by the FDA and CDC. These misrepresentations – which are described below – reinforced each other and created the dangerously misleading impression that: (1) starting patients on opioids was low-risk because most patients (including **BROCKEL**) would not become addicted, and because those who were at greatest risk of addiction could be readily identified and managed; (2) patients (including **BROCKEL**) who displayed signs of addiction probably were not addicted and, in any event, could be easily weaned from the drugs; (3) the use of higher opioid doses, which many patients (including **BROCKEL**) need to sustain pain relief as they develop tolerance to the drugs, do not pose special risks; and (4) abuse-deterrent opioids both prevent abuse and overdose and are inherently less addictive. The Brand-Name and Generic Manufacturer Defendants have not only failed to correct these misrepresentations, they continue to make them today.

123. The Brand-Name and Generic Manufacturer Defendants falsely claimed that the risk of addiction is low and that addiction is unlikely to develop when opioids are prescribed, as opposed to obtained illicitly, and failed to disclose the greater risk of addiction with prolonged use of opioids. Some illustrative examples of these false and deceptive claims are described below:

a. **PURDUE PHARMA** sponsored APF's *Treatment Options: A Guide for People Living with Pain* (2007), which instructed that addiction is rare and limited to extreme cases of unauthorized

dose escalations, obtaining duplicative opioid prescriptions from multiple sources, or theft.

b. **ENDO** sponsored a website, Painknowledge.com, which claimed in 2009 that "[p]eople who take opioids as prescribed usually do not become addicted." Another **ENDO** website, PainAction.com, stated "Did you Know? Most chronic pain patients do not become addicted to the Opioid medications that are prescribed for them."

c. **ENDO** distributed a pamphlet with the **ENDO** logo entitled *Living with Someone with Chronic Pain*, which stated that: "Most health care providers who treat people with pain agree that most people do not develop an addiction problem." A similar statement appeared on the **ENDO** website.

d. **PURDUE PHARMA** sponsored APF's *A Policymaker's Guide to Understanding Pain & Its Management* – which claims that less than 1% of children prescribed opioids will become addicted and that pain is undertreated due to "misconceptions about opioid addiction."

e. Detailers for **PURDUE PHARMA**, **ENDO** and **CEPHALON** throughout the country and in the state of Alabama misrepresented or omitted any discussion with doctors of the risk of addiction; misrepresented the potential for abuse of opioids with purportedly abuse deterrent formulations; and routinely did not correct the misrepresentations noted above.

124. These claims are contrary to longstanding scientific evidence, as the FDA and CDC have conclusively declared. As noted in the 2016 CDC Guideline endorsed by the FDA, there is "extensive evidence" of the "possible harms of Opioids (including opioid use disorder [an alternative term for Opioid addiction])." The Guideline points out that "Opioid pain medication use presents serious risks, including … opioid use disorder" and that "continuing opioid therapy for 3 months substantially increases the risk for opioid use disorder."

125. The FDA further exposed the falsity of the Brand-Name and Generic Manufacturer Defendants' claims about the low risk of addiction when it announced changes to the labels for ER/LA opioids in 2013 and for IR opioids in 2016. In its announcements, the FDA found that "most opioid drugs have 'high potential for abuse'" and that opioids "are associated

with a substantial risk of misuse, abuse, NOWS [neonatal opioid withdrawal syndrome], addiction, overdose, and death." According to the FDA, because of the "known serious risks" associated with long-term opioid use, including "risks of addiction, abuse, and misuse, even at recommended doses, and because of the greater risks of overdose and death," opioids should be used only "in patients for whom alternative treatment options" like non-opioid drugs have failed. The FDA further acknowledged that the risk is not limited to patients who seek drugs illicitly; addiction "can occur in patients appropriately prescribed [opioids]."

126. The warnings on the Brand-Name and Generic Manufacturer Defendants' own FDA-approved drug labels caution that opioids "expose[] users to risks of addiction, abuse and misuse, which can lead to overdose and death," that the drugs contain "a substance with a high potential for abuse," and that addiction "can occur in patients appropriately prescribed" opioids.

127. The State of New York, in a 2016 settlement agreement with **ENDO**, found that opioid "use disorders appear to be highly prevalent in chronic pain patients treated with opioids, with up to 40% of chronic pain patients treated in specialty and primary care outpatient centers meeting the clinical criteria for an opioid use disorder." **ENDO** had claimed on its www.opana.com website that "[m]ost healthcare providers who treat patients with pain agree that patients treated with prolonged opioid medicines usually do not become addicted," but the State found that **ENDO** had no evidence for that statement.[29] Consistent with this, **ENDO** agreed not to "make statements that … opioids are generally non-addictive" or "that most patients who take opioids do not become addicted" in New York. **ENDO** remains free, however, to make those statements in other states including Alabama.

128. The Brand-Name and Generic Manufacturer Defendants falsely instructed doctors (including **COUCH & TARABEIN**) and patients (including **BROCKEL**) that the signs of

[29] *See* Endo Health Solutions Inc., Assurance of Discontinuance, at 6 (N.Y. Att. Gen. Mar. 1, 2016).

addiction are actually signs of undertreated pain and should be treated by prescribing more opioids. The Brand-Name and Generic Manufacturer Defendants have called this phenomenon "pseudoaddiction" – a term coined by Dr. David Haddox, who went to work for **PURDUE PHARMA**, and popularized by Dr. Russell Portenoy, a KOL for **CEPHALON**, **ENDO** and **PURDUE PHARMA** – and falsely claimed that pseudoaddiction is substantiated by scientific evidence. Some illustrative examples of these deceptive claims are described below:

a. **CEPHALON** and **PURDUE PHARMA** sponsored *Responsible Opioid Prescribing* (2007), which taught that behaviors such as "requesting drugs by name," "demanding or manipulative behavior," seeing more than one doctor to obtain opioids, and hoarding, are all signs of pseudoaddiction, rather than true addiction. *Responsible Opioid Prescribing* remains for sale online. The 2012 edition, which also remains available online, continues to falsely teach that pseudoaddiction is real.

b. **ENDO** sponsored a National Initiative on Pain Control (NIPC) CME program in 2009 titled *Chronic Opioid Therapy: Understanding Risk While Maximizing Analgesia*, which promoted pseudoaddiction by teaching that a patient's aberrant behavior was the result of untreated pain. **ENDO** substantially controlled NIPC by funding NIPC projects; developing, specifying, and reviewing content; and distributing NIPC materials.

c. **PURDUE PHARMA** published a pamphlet in 2011 entitled *Providing Relief, Preventing Abuse*, which described pseudoaddiction as a concept that "emerged in the literature" to describe the inaccurate interpretation of "[drug-seeking behaviors] in patients who have pain that has not been effectively treated."

d. **PURDUE PHARMA** sponsored a CME program entitled *Path of the Patient, Managing Chronic Pain in Younger Adults at Risk for Abuse*. In a role play, a chronic pain patient with a history of drug abuse tells his doctor that he is taking twice as many hydrocodone pills as directed. The narrator notes that because of pseudoaddiction, the doctor should not assume the patient is addicted even if he persistently asks for a specific drug, seems desperate, hoards medicine, or "overindulges in unapproved escalating doses." The doctor treats this patient by prescribing a high-dose, long-acting opioid.

129. The 2016 CDC Guideline rejects the concept of pseudoaddiction. The Guideline nowhere recommends that opioid dosages be increased if a patient is not experiencing pain relief. To the contrary, the Guideline explains that "[p]atients who do not experience clinically meaningful pain relief early in treatment … are unlikely to experience pain relief with longer term use," and that physicians should "reassess[] pain and function within 1 month" in order to decide whether to "minimize the risks of long-term opioid use by discontinuing opioids" because the patient is "not receiving a clear benefit."

130. The Brand-Name and Generic Manufacturer Defendants employed the same marketing plans and strategies and deployed the same message in Alabama as they did nationwide. Across the pharmaceutical industry, "core message" development is funded and overseen on a national basis by corporate headquarters. This comprehensive approach ensures that the Brand-Name and Generic Manufacturer Defendants' messages are accurately and consistently delivered across marketing channels – including detailing visits, speaker events, and advertising – and in each sales territory. The Brand-Name and Generic Manufacturer Defendants consider this high level of coordination and uniformity crucial to successfully marketing their drugs.

131. The Brand-Name and Generic Manufacturer Defendants ensure marketing consistency nationwide through national and regional sales representative training; national training of local medical liaisons, the company employees who respond to physician inquiries; centralized speaker training; single sets of visual aids, speaker slide decks, and sales training materials; and nationally coordinated advertising. The Brand-Name and Generic Manufacturer Defendants' sales representatives and physician speakers were required to stick to prescribed talking points, sales messages, and slide decks, and supervisors rode along with them periodically to check on both their performance and compliance.

132. The Brand-Name and Generic Manufacturer Defendants also deceptively marketed opioids through unbranded advertising *i.e.,* advertising that promotes opioid use generally but does not name a specific opioid. This advertising was ostensibly created and disseminated by independent third-parties. But by funding, directing, reviewing, editing, and distributing this unbranded advertising, the Brand-Name and Generic Manufacturer Defendants controlled the deceptive messages disseminated by these third parties and acted in concert with them to falsely and misleadingly promote opioids for the treatment of chronic pain. Much as the Brand-Name and Generic Manufacturer Defendants controlled the distribution of their "core messages" via their own detailers and speaker programs, they similarly controlled the distribution of these messages in scientific publications, treatment guidelines, CMEs, and medical conferences and seminars. To this end, The Brand-Name and Generic Manufacturer Defendants used third-party public relations firms to help control those messages when they originated from third-parties.

133. The Brand-Name and Generic Manufacturer Defendants also marketed through third-party, unbranded advertising to avoid regulatory scrutiny because that advertising is not submitted to and typically is not reviewed by the FDA. The Brand-Name and Generic Manufacturer Defendants also used third-party, unbranded advertising to give the false appearance that the deceptive messages came from an independent and objective source. Like cigarette makers, which engaged in an industry-wide effort to misrepresent the safety and risks of smoking, they worked with each other and with the Front Groups and KOLs they funded and directed to carry out a common scheme to deceptively market opioids by misrepresenting the risks, benefits, and superiority of opioids to treat chronic pain. The Brand-Name and Generic Manufacturer Defendants acted through and with the same network of Front Groups, funded the same KOLs, and often used the very same language and format to disseminate the same

deceptive messages regarding the appropriate use of opioids to treat chronic pain. Although participants knew this information was false and misleading, these misstatements were nevertheless disseminated nationwide, including to prescribers (including **COUCH & TARABEIN)** and patients (including **BROCKEL**) in Alabama.

134. The Brand-Name and Generic Manufacturer Defendants' deceptive unbranded marketing often contradicted what they said in their branded materials reviewed by the FDA. For example, **ENDO's** unbranded advertising contradicted its concurrent, branded advertising for Opana ER:

Pain: Opioid Therapy **(Unbranded)**	**Opana ER Advertisement** **(Branded)**
"People who take opioids as prescribed usually do not become addicted."	**"All patients treated with opioids require careful monitoring for signs of abuse and addiction, since use of opioid analgesic products carries the risk of addiction even under appropriate medical use."**

135. The Brand-Name and Generic Manufacturer Defendants also spoke through a small circle of doctors who, upon information and belief, were selected, funded, and elevated by them because their public positions supported the use of opioids to treat chronic pain. These doctors became known as "key opinion leaders" or "KOLs."

136. The Brand-Name and Generic Manufacturer Defendants paid KOLs to serve as consultants on their advisory boards and to give talks or present CMEs, and their support helped these KOLs become respected industry experts. As they rose to prominence, these KOLs touted the benefits of opioids to treat chronic pain, repaying the Brand-Name and Generic Manufacturer Defendants by advancing their marketing goals. KOLs' professional reputations became

dependent on continuing to promote pro-opioid message, even in activities that were not directly funded by the Brand-Name and Generic Manufacturer Defendants.

137. KOLs have written, consulted on, edited, and lent their names to books and articles, and given speeches and CMEs supportive of chronic opioid therapy. The Brand-Name and Generic Manufacturer Defendants have created opportunities for KOLs to participate in research studies they suggested or chose and then cited and promoted favorable studies or articles by their KOLs. By contrast, the Brand-Name and Generic Manufacturer Defendants did not support, acknowledge, or disseminate publications of doctors unsupportive or critical of chronic opioid therapy.

138. The Brand-Name and Generic Manufacturer Defendants' KOLs also served on committees that developed treatment guidelines that strongly encourage the use of opioids to treat chronic pain, and on the boards of pro-opioid advocacy groups and professional societies that develop, select, and present CMEs. The Brand-Name and Generic Manufacturer Defendants were able to direct and exercise control over each of these activities through their KOLs. The 2016 CDC Guideline recognizes that treatment guidelines can "change prescribing practices."

139. Pro-opioid doctors are one of the most important avenues that the Brand-Name and Generic Manufacturer Defendants use to spread their false and deceptive statements about the risks and benefits of long-term opioid use. The Brand-Name and Generic Manufacturer Defendants knew that doctors (including **COUCH & TARABEIN)** rely heavily and less critically on their peers for guidance, and KOLs provide the false appearance of unbiased and reliable support for chronic opioid therapy. For example, the State of New York found in its settlement with **PURDUE PHARMA** that its website *In the Face of Pain* failed to disclose that doctors who provided testimonials on the site were paid by **PURDUE PHARMA** and concluded

that **PURDUE PHARMA's** failure to disclose these financial connections potentially misled consumers regarding the objectivity of the testimonials.[30]

140. Thus, even though some of the KOLs have recently moderated or conceded the lack of evidence for many of the claims they made, these admissions did not reverse the effect of the false and deceptive statements that continue to appear nationwide and throughout the state of Alabama in the Brand-Name and Generic Manufacturer Defendants' own marketing as well as treatment guidelines, CMEs and other seminars, scientific articles and research, and other publications available in paper or online.

141. The Brand-Name and Generic Manufacturer Defendants utilized many KOLs, including many of the same ones. Two of the most prominent are described below.

142. Dr. Russell Portenoy, former chairman of the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center in New York, is one example of a KOL whom the Brand-Name and Generic Manufacturer Defendants identified and promoted to further their marketing campaign. Dr. Portenoy received research support, consulting fees, and honoraria from **CEPHALON**, **ENDO**, and **PURDUE PHARMA** (among others), and was a paid consultant to **CEPHALON** and **PURDUE PHARMA**.

143. In 1986, Dr. Russell Portenoy published an article reporting that "[f]ew substantial gains in employment or social function could be attributed to the institution of opioid therapy."[31]

144. Writing in 1994, Dr. Portenoy described the prevailing attitudes regarding the dangers of long-term use of opioids:

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[30] *See In re Purdue Pharma L.P.*, Assurance of Discontinuance, 18 at 8 (N.Y. Att. Gen. Aug. 19, 2015) ("[T]he website failed to disclose that from 2008 to 2013, **PURDUE PHARMA** made payments totaling almost $231,000, for speaker programs, advisory meetings, and travel costs, to 11 of the Advocates whose testimonials appeared on the site.").

[31] R. Portenoy & K. Foley, Chronic Use of Opioid Analgesics in Non-Malignant Pain: Report of 38 cases, 25(2) Pain 171 (1986).

> *The traditional approach to chronic non-malignant pain does not accept the long-term administration of opioid drugs.* This perspective has been justified by the perceived likelihood of tolerance, which would attenuate any beneficial effects over time, and the potential for side effects, worsening disability, and addiction. According to conventional thinking, the initial response to an opioid drug may appear favorable, with partial analgesia and salutary mood changes, but adverse effects inevitably occur thereafter. It is assumed that the motivation to improve function will cease as mental clouding occurs and the belief takes hold that the drug can, by itself, return the patient to a normal life. *Serious management problems are anticipated, including difficulty in discontinuing a problematic therapy and the development of drug seeking behavior induced by the desire to maintain analgesic effects, avoid withdrawal, and perpetuate reinforcing psychic effects. There is an implicit assumption that little separates these outcomes from the highly aberrant behaviors associated with addiction.*[32]

According to Dr. Portenoy, the foregoing problems could constitute "compelling reasons to reject long-term opioid administration as a therapeutic strategy in all but the most desperate cases of chronic nonmalignant pain."[33]

145. For all the reasons outlined by Dr. Portenoy, and in the words of one researcher from the University of Washington in 2012, and quoted by a Harvard researcher the same year, "it did not enter [doctors'] minds that there could be a significant number of chronic pain patients who were successfully managed with opioids, because if there were any, we almost never saw them.[34]

146. Despite his writings in 1994, Dr. Portenoy was instrumental in opening the door for regular use of opioids to treat chronic pain. He served on the American Pain Society ("APS") and American Academy of Pain Medicine ("AAPM") Guideline Committees, which endorsed the use of opioids to treat chronic pain, first in 1997 and again in 2009. He was also a member

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[32] R. Portenoy, *Opioid Therapy for Chronic Nonmalignant Pain: Current Status*, 1 Progress in Pain Res. & Mgmt., 247-287 (H.L. Fields and J.C. Liebeskind eds., 1994) (emphasis added).
[33] *Id.*
[34] J. Loeser. Five crises in pain management, Pain Clinical Updates. 2012;20 (1):1-4(cited by I. Kissin, Long-term opioid treatment of chronic nonmalignant pain; unproven efficacy and neglected safety?, 6 J. Pain Research 513, 514 (2013)).

of the board of the American Pain Foundation ("APF"), an advocacy organization almost entirely funded by the Brand-Name and Generic Manufacturer Defendants.

147. Dr. Portenoy also made frequent media appearances promoting opioids and spreading misrepresentations. He appeared on *Good Morning America* in 2010 to discuss the use of opioids long-term to treat chronic pain. On this widely-watched program, broadcast in Alabama and across the country, Dr. Portenoy claimed: "Addiction, when treating pain, is distinctly uncommon. If a person does not have a history, a personal history, of substance abuse, and does not have a history in the family of substance abuse, and does not have a very major psychiatric disorder, most doctors can feel very assured that that person is not going to become addicted."[35]

148. To his credit, Dr. Portenoy later admitted that he "gave innumerable lectures in the late 1980s and '90s about addiction that weren't true." These lectures falsely claimed that fewer than 1% of patients would become addicted to opioids. According to Dr. Portenoy, because the primary goal was to "destigmatize" opioids, he and other doctors promoting them overstated their benefits and glossed over their risks. Dr. Portenoy also conceded that "[d]ata about the effectiveness of Opioids does not exist."[36] Portenoy candidly stated: "Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, … I guess I did."

149. Another KOL, Dr. Lynn Webster, was the co-founder and Chief Medical Director of Lifetree Clinical Research, an otherwise unknown pain clinic in Salt Lake City, Utah. Dr. Webster was president in 2013 and is a current board member of AAPM, a front group that ardently supports chronic opioid therapy. He is Senior Editor of *Pain Medicine*, the same journal

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[35] *Good Morning America Television Broadcast,* ABC News (Aug. 30, 2010).
[36] Thomas Catan & Evan Perez, *A Pain-Drug Champion Has Second Thoughts*, Wall St. J., Dec. 17, 2012.

that published **ENDO** special advertising supplements touting Opana ER. Dr. Webster was involved in one of the numerous CMEs sponsored by **CEPHALON**, **ENDO**, and **PURDUE PHARMA**. At the same time, Dr. Webster was receiving significant funding from the Brand-Name and Generic Manufacturer Defendants (including nearly $2 million from **CEPHALON**).

150. During a portion of his time as a KOL, Dr. Webster was under investigation for overprescribing by the U.S. Department of Justice's Drug Enforcement Agency, which raided his clinic in 2010. Although the investigation was closed without charges in 2014, more than 20 of Dr. Webster's former patients at the Lifetree Clinic have died of opioid overdoses.

151. Dr. Webster created and promoted the Opioid Risk Tool, a five question, one-minute screening tool relying on patient self-reports that purportedly allows doctors (including **COUCH & TARABEIN)** to manage the risk that their patients will become addicted to or abuse opioids. The claimed ability to pre-sort patients likely to become addicted is an important tool in giving doctors confidence to prescribe opioids long-term, and for this reason, references to screening appear in various industry supported guidelines. Versions of Dr. Webster's Opioid Risk Tool appear on, or are linked to, websites run by **ENDO** and **PURDUE PHARMA**.

152. In 2011, Dr. Webster presented, via webinar, a program sponsored by **PURDUE PHARMA** titled, *Managing Patients' Opioid Use: Balancing the Need and the Risk.* Dr. Webster recommended use of risk screening tools, urine testing, and patient agreements as a way to prevent "overuse of prescriptions" and "overdose deaths." This webinar was available to and was intended to reach doctors (including **COUCH & TARABEIN)** across the country including in Alabama.

153. Dr. Webster also was a leading proponent of the concept of "pseudoaddiction", the notion that addictive behaviors should not be seen as warnings, but as indications of undertreated pain. In Dr. Webster's description, the only way to differentiate the two was to

increase a patient's dose of opioids. As he and his co-author wrote in a book entitled *Avoiding Opioid Abuse While Managing Pain* (2007), a book that is still available online, when faced with signs of aberrant behavior, increasing the dose "in most cases … should be the clinician's first response." **ENDO** distributed this book to doctors. Years later, Dr. Webster reversed himself, acknowledging that "[pseudoaddiction] obviously became too much of an excuse to give patients more medication."[37]

154. The Brand-Name and Generic Manufacturer Defendants also entered into arrangements with seemingly unbiased and independent patient and professional organizations to promote opioids for the treatment of chronic pain. Under the direction and control of the Brand-Name and Generic Manufacturer Defendants, these "Front Groups" generated treatment guidelines, unbranded materials, and programs that favored chronic opioid therapy. They also assisted the Brand-Name and Generic Manufacturer Defendants by responding to negative articles, by advocating against regulatory changes that would limit opioid prescribing in accordance with the scientific evidence, and by conducting outreach to vulnerable patient populations targeted by the Brand-Name and Generic Manufacturer Defendants.

155. These Front Groups depended on the Brand-Name and Generic Manufacturer Defendants for funding and, in some cases, for survival. The Brand-Name and Generic Manufacturer Defendants also exercised control over programs and materials created by these groups by collaborating on, editing, and approving their content, and by funding their dissemination. In doing so, the Brand-Name and Generic Manufacturer Defendants made sure that the Groups would generate only the messages they wanted to distribute. Despite this, the Front Groups held themselves out as independent and serving the needs of their members – whether patients suffering from pain or doctors treating those patients.

[37] John Fauber, Networking Fuels Painkiller Boom, Bangor Daily News

156. Defendants **CEPHALON**, **ENDO**, and **PURDUE PHARMA** and many of the other Defendants utilized numerous Front Groups, including many of the same ones. Several of the most prominent are described below, but there are many others, including the American Pain Society ("APS"), American Geriatrics Society ("AGS"), the Federation of State Medical Boards ("FSMB"), American Chronic Pain Association ("ACPA"), American Society of Pain Education ("ASPE"), National Pain Foundation ("NPF"), and Pain & Policy Studies Group ("PPSG").

157. The most prominent of the Brand-Name and Generic Manufacturer Defendants' Front Groups was APF, which received more than $10 million in funding from opioid manufacturers from 2007 until it closed its doors in May 2012. **ENDO** alone provided more than half that funding; **PURDUE PHARMA** was next, at $1.7 million.

158. APF issued education guides for patients, reporters, and policymakers that touted the benefits of opioids for chronic pain and trivialized their risks, particularly the risk of addiction. APF also launched a campaign to promote opioids for returning veterans, which has contributed to high rates of addiction and other adverse outcomes – including death – among returning soldiers. APF also engaged in a significant multimedia campaign – through radio, television, and the internet – to educate patients about their "right" to pain treatment, namely opioids. All of the programs and materials were available nationally and were intended to reach Alabama consumers (including **BROCKEL**) and physicians (including **COUCH** & **TARABEIN**).

159. In addition to Perry Fine (a KOL from the University of Utah who received funding from **CEPHALON**, **ENDO**, and **PURDUE PHARMA**), Russell Portenoy, and Scott Fishman (a KOL from the University of California, Davis who authorized *Responsible Opioid Prescribing,* a publication sponsored by **CEPHALON** and **PURDUE PHARMA**), all of whom

served on APF's board and reviewed its publications, another board member, Lisa Weiss, was an employee of a public relations firm that worked for both **PURDUE PHARMA** and APF.

160. In 2009 and 2010, more than 80% of APF's operating budget came from pharmaceutical industry sources. Including industry grants for specific projects, APF received about $2.3 million from industry sources out of total income of about $2.85 million in 2009; its budget for 2010 projected receipts of roughly $2.9 million from drug companies, out of total income of about $3.5 million. By 2011, APF was entirely dependent on incoming grants from Defendants **PURDUE PHARMA**, **CEPHALON**, **ENDO**, and others to avoid using its line of credit. As one of its board members, Russell Portenoy, explained, the lack of funding diversity was one of the biggest problems at APF.

161. APF held itself out as an independent patient advocacy organization. It often engaged in grassroots lobbying against various legislative initiatives that might limit opioid prescribing, and thus the profitability of its sponsors. It was often called upon to provide "patient representatives" for the Brand-Name and Generic Manufacturer Defendants' promotional activities, including for **PURDUE PHARMA's** *Partners Against Pain*. APF functioned largely as an advocate for the interest of the Brand-Name and Generic Manufacturer Defendants, not patients. Indeed, as early as 2011, **PURDUE PHARMA** told APF that the basis of a grant was **PURDUE PHARMA's** desire to "strategically align its investments in nonprofit organizations that share [its] business interests."

162. In practice, APF operated in close collaboration with opioid makers. On several occasions, representatives of the drug companies, often at informal meetings at Front Group conferences, suggested activities and publications for APF to pursue. APF then submitted grant proposals seeking to fund those activities and publications, knowing that drug companies would support projects conceived as a result of those communications.

163. APF assisted in other marketing projects for drug companies. One project funded by another drug company-*AP F Reporter's Guide: Covering Pain and Its Management* (2009) recycled text that was originally created as part of the company's training document.

164. The same drug company made general grants, but even then, it directed how APF used them. In response to an APF request for funding to address a potentially damaging state Medicaid decision related to pain medication generally, the company representative responded, "I provided an advocacy grant to APF this year – this would be a very good issue on which to use some of that. How does that work?"

165. The close relationship between APF and the drug company highlighted in the previous paragraph was not unique, but mirrors relationships between APF and the Brand-Name and Generic Manufacturer Defendants. APF's clear lack of independence – in its finances, management, and mission – and its willingness to allow the Brand-Name and Generic Manufacturer Defendants to control its activities and messages support an inference that the Brand-Name and Generic Manufacturer Defendants that worked with it were able to exercise editorial control over its publications.

166. Indeed the U.S. Senate Finance Committee began looking into APF in May 2012 to determine the links, financial and otherwise, between the organization and the manufacturers of opioid painkillers. The investigation caused considerable damage to APF's credibility as an objective and neutral third party, and the Brand-Name and Generic Manufacturer Defendants stopped funding it. Within days of being targeted by Senate investigation, APF's board voted to dissolve the organization "due to irreparable economic circumstances." APF "cease[d] to exist, effective immediately."

167. The American Academy of Pain Medicine, with the assistance, prompting, involvement, and funding of the Brand-Name and Generic Manufacturer Defendants, issued

treatment guidelines and sponsored and hosted medical education programs essential to the Brand-Name and Generic Manufacturer Defendants' deceptive marketing of chronic opioid therapy.

168. AAPM received over $2.2 million in funding since 2009 from opioid manufacturers. AAPM maintained a corporate relations council, whose members paid $25,000 per year (on top of other funding) to participate. The benefits included allowing members to present educational programs at off-site dinner symposia in connection with AAPM's marquee event – its annual meeting held in Palm Springs, California, or other resort locations. AAPM described the annual event as an "exclusive venue" for offering education programs to doctors. Membership in the corporate relations council also allows drug company executives and marketing staff to meet with AAPM executive committee members in small settings. Defendants **ENDO**, **PURDUE PHARMA**, **CEPHALON**, **ACTAVIS**, and many of the other Defendants were members of the council and presented deceptive programs to doctors who attended this annual event.

169. AAPM is viewed internally by **ENDO** as "industry friendly", with **ENDO** advisors and speakers among its active members. **ENDO** attended AAPM conferences, funded its CMEs, and distributed its publications. The conferences sponsored by AAPM heavily emphasized sessions on opioids – 37 out of roughly 40 at one conference alone. AAPM's presidents have included top industry-supported KOLs Perry Fine, Russell Portenoy, and Lynn Webster. Another past AAPM president, Dr. Scott Fishman, stated that he would place the

organization "at the forefront" of teaching that "the risks of addiction are … small and can be managed."[38]

170. AAPM's staff understood they and their industry funders were engaged in a common task. The Brand-Name and Generic Manufacturer Defendants were able to influence AAPM through both their significant and regular funding and the leadership of pro-opioid KOLs within the organization.

171. In addition, treatment guidelines have been particularly important in securing acceptance for chronic opioid therapy. They are relied upon by doctors (including **COUCH & TARABEIN**), especially the general practitioners and family doctors targeted by the Brand-Name and Generic Manufacturer Defendants, who are neither experts nor trained in the treatment of chronic pain. Treatment guidelines not only directly inform doctors' (including **COUCH & TARABEIN**) prescribing practices, but are cited throughout the scientific literature. Pharmaceutical sales representatives employed by **ENDO**, **ACTAVIS**, **PURDUE PHARMA** and the other Defendants discussed treatment guidelines with doctors during individual sales visits.

172. In 1997, AAPM and the American Pain Society jointly issued a consensus statement, *The Use of Opioids for Treatment of Chronic Pain*, which endorsed opioids to treat chronic pain and claimed that the risk that patients would become addicted to opioids was low. The co-author of the statement, Dr. Haddox, was at the time a paid speaker for **PURDUE PHARMA**. Dr. Portenoy was the sole consultant. The consensus statement remained on AAPM's website until 2011, and was taken down from AAPM's website only after a doctor complained, though it lingers on the internet elsewhere.

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[38] Interview by Paula Moyer with Scott M. Fishman, M.D., Professor of Anesthesiology and Pain Medicine, Chief of the Division of Pain Medicine, Univ. of Cal., Davis (2005), available at http://www.medscape.org/viewarticle/500829.

173. AAPM and APS issued their own guidelines in 2009 ("AAPM/APS Guidelines") and continued to recommend the use of opioids to treat chronic pain. 14 of the 21 panel members who drafted the AAPM/APS Guidelines, including KOLs Dr. Portenoy and Dr. Perry Fine of the University of Utah, received support from **CEPHALON**, **ENDO**, **PURDUE PHARMA** and some of the other Defendants.

174. The 2009 Guidelines promote opioids as "safe and effective" for treating chronic pain, despite acknowledging limited evidence, and conclude that the risk of addiction is manageable for patients regardless of past abuse histories. One panel member, Dr. Joel Saper, Clinical Professor of Neurology at Michigan State University and founder of the Michigan Headache and Neurological Institute, resigned from the panel because of his concerns that the 2009 Guidelines were influenced by contributions that drug companies, including the Brand-Name and Generic Manufacturer Defendants, made to the sponsoring organizations and committee members. These AAPM/APS Guidelines have been a particularly effective channel of deception and have influenced not only treating physicians, but also the body of scientific evidence on opioids; the Guidelines have been cited at least 732 times in academic literature, were disseminated nationwide and in Alabama during the relevant time period, are still available online, and were reprinted in the *Journal of Pain.*

175. The Brand-Name and Generic Manufacturer Defendants widely referenced and promoted the 2009 Guidelines without disclosing the acknowledged lack of evidence to support them.

176. The Brand-Name and Generic Manufacturer Defendants worked together, through Front Groups, to spread their deceptive messages about the risks and benefits of long-term opioid therapy. For example, the Brand-Name and Generic Manufacturer Defendants combined their efforts through the Pain Care Forum ("PCF"), which began in 2004 as an APF project with the

stated goals of offering "a setting where multiple organizations can share information" and "promote and support taking collaborative action regarding federal pain policy issues." APF President Will Rowe described the forum as "a deliberate effort to positively merge the capacities of industry, professional associations, and patient organizations."

177. PCF is comprised of representatives from opioid manufacturers and distributors (including **CEPHALON**, **ENDO**, **PURDUE PHARMA** and some of the other Defendants); doctors and nurses in the field of pain care; professional organizations (including AAPM, APS, and American Society of Pain Educators); patient advocacy groups (including APF and American Chronic Pain Association ("ACPA")); and other like-minded organizations, almost all of which received substantial funding from the Brand-Name and Generic Manufacturer Defendants.

178. PCF, for example, developed and disseminated "consensus recommendations" for a Risk Evaluation and Mitigation Strategy ("REMS") for long-acting opioids that the FDA mandated in 2009 to communicate the risks of opioids to prescribers and patients.[39] This was critical because a REMS that went too far in narrowing the uses or benefits or highlighting the risks of chronic opioid therapy would undermine the Brand-Name and Generic Manufacturer Defendants' marketing efforts. The recommendations claimed that opioids were "essential" to the management of pain, and that the REMS "should acknowledge the importance of opioids in the management of pain and should not introduce new barriers." The Brand-Name and Generic Manufacturer Defendants worked with PCF members to limit the reach and manage the message of the REMS, which enabled them to maintain, not undermine, their deceptive marketing of opioids for chronic pain.

[39] The FDA can require a drug maker to develop a REMS – which could entail (as in this case) an education requirement or distribution limitation – to manage serious risks associated with a drug.

179. There is no scientific evidence supporting the safety or efficacy of opioids for long-term use. The Brand-Name and Generic Manufacturer Defendants are well aware of the lack of such scientific evidence. While promoting opioids to treat chronic pain, the Brand-Name and Generic Manufacturer Defendants failed to disclose the lack of evidence to support their use long-term and have failed to disclose the substantial scientific evidence that chronic opioid therapy actually makes patients sicker.

180. There are no controlled studies of the use of opioids beyond 16 weeks, and no evidence that opioids improve patients' pain and function long-term. For example, a 2007 systematic review of opioids for back pain concluded that opioids have limited, if any, efficacy for back pain and that evidence did not allow judgments regarding long-term use.

181. Substantial evidence exists that opioid drugs are ineffective to treat chronic pain, and actually worsen patients' health. For example, a 2006 study-of-studies found that opioids as a class did not demonstrate improvement in functional outcomes over other non-addicting treatments.[40]

182. Increasing duration of opioid use is strongly associated with an increasing prevalence of mental health conditions (including depression, anxiety, post-traumatic stress disorder, or substance abuse), increased psychological distress, and greater health care utilization.

183. While opioids may work acceptably well for a while, when they are used on a long-term basis, function generally declines, as does general health, mental health, and social

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[40] A. Furlan et al., *Opioids for chronic noncancer pain: a meta-analysis of effectiveness and side effects*, 174(11) Can. Med. Ass'n J. 1589 (2006). This same study revealed that efficacy studies do not typically include data on opioid addiction. In many cases, patients who may be more prone to addiction are pre-screened out of the study pool. This does not reflect how doctors actually prescribe the drugs, because even patients who have past or active substance use disorders tend to receive higher doses of opioids. K. Seal, *Association of Mental Health Disorders With Prescription Opioids and High-Risk Opioids in US Veterans of Iraq and Afghanistan*, 307(9) J. Am. Med. Ass'n 940 (2012).

function. Over time, even high doses of potent opioids often fail to control pain, and patients exposed to such doses are unable to function normally.[41]

184. The foregoing is true both generally and for specific pain-related conditions. Studies of the use of opioids long-term for chronic lower back pain have been unable to demonstrate an improvement in patients' function. Instead, research consistently shows that long-term opioid therapy for patients who have lower back injuries does not cause patients to return to work or physical activity. This is due partly to addiction and other side effects.

185. Before the Brand-Name and Generic Manufacturer Defendants began the marketing campaign complained of herein, generally accepted standards of medical practice dictated that opioids should only be used short-term, for instance, for acute pain, pain relating to recovery from surgery, or for cancer or palliative care. In those instances, the risks of addiction are low or of little significance.

186. The market for short-term pain relief is significantly more limited than the market for long-term chronic pain relief. The Brand-Name and Generic Manufacturer Defendants recognized that if they could sell opioids not just for short term pain relief but also for long-term chronic pain relief, they could achieve blockbuster levels of sales and profits. Further, they recognized that if they could cause their customers to become physically addicted to their drugs, they would increase the likelihood that their blockbuster profits would continue indefinitely.

187. The Brand-Name and Generic Manufacturer Defendants knew that in order to increase their profits from the sale of opioids they would need to convince doctors (including **COUCH** and **TARABEIN**) and patients (including **BROCKEL**) that long-term opioid therapy was safe and effective. The Brand-Name and Generic Manufacturer Defendants needed, in other

[41] See A. Rubenstein, *Are we making pain patients worse?* Sonoma Medicine (Fall 2009).

words, to persuade physicians to abandon their long-held apprehensions about prescribing opioids, and instead to prescribe opioids for durations previously understood to be unsafe.

188. Marshalling help from consultants and public relations firms, the Brand-Name and Generic Manufacturer Defendants developed and executed a common strategy to reverse the long-settled understanding of the relative risks and benefits of chronic opioid therapy. Rather than add to the collective body of medical knowledge concerning the best ways to treat pain and improve patient quality of life, however, the Brand-Name and Generic Manufacturer Defendants instead sought to distort medical and public perception of existing scientific data.

189. As explained more fully herein, the Brand-Name and Generic Manufacturer Defendants, collectively and individually, poured vast sums of money into generating articles, continuing medical education courses ("CMEs"), and other "educational" materials, conducting sales visits to individual doctors (including **COUCH** and **TARABEIN**), and supporting a network of professional societies and advocacy groups, which was intended to, and which did, create a new but phony "consensus" supporting the long-term use of opioids.

190. Rather than actually test the safety and efficacy of opioids for long-term use, the Brand-Name and Generic Manufacturer Defendants led physicians (including **COUCH** and **TARABEIN**), patients (including **BROCKEL**), and health care payors to believe that such tests had already been done. As set forth herein, the Brand-Name and Generic Manufacturer Defendants created a body of false, misleading, and unsupported medical and popular literature about opioids that (a) understated the risks and overstated the benefits of long-term use; (b) appeared to be the result of independent, objective research; and (c) was likely to shape the perceptions of prescribers, patients, and payors. This literature was, in fact, marketing material intended to persuade doctors (including **COUCH** and **TARABEIN**) and consumers (including **BROCKEL**) that the benefits of long-term opioid use outweighed the risks.

191. To accomplish their goal, the Brand-Name and Generic Manufacturer Defendants – sometimes through third-party consultants and/or front groups – commissioned, edited, and arranged for the placement of favorable articles in academic journals.

192. The Brand-Name and Generic Manufacturer Defendants' plans for these materials did not originate in the departments within their organizations that were responsible for research, development, or any other area that would have specialized knowledge about the drugs and their effects on patients; rather, they originated in the Brand-Name and Generic Manufacturer Defendants' marketing departments and with their marketing and public relations consultants.

193. In these materials, the Brand-Name and Generic Manufacturer Defendants (or their surrogates) often claimed to rely on "data on file" or presented posters, neither of which are subject to peer review. Still, the Brand-Name and Generic Manufacturer Defendants presented these materials to the medical community as scientific articles or studies, despite the fact that their materials were not based on reliable data and subject to the scrutiny of others who are experts in the same field.

194. The Brand-Name and Generic Manufacturer Defendants also made sure that favorable articles were disseminated and cited widely in the medical literature, even when they knew that the articles distorted the significance or meaning of the underlying study. Most notably, **PURDUE PHARMA** frequently cited a 1980 item in the well-respected New England Journal of Medicine, J. Porter & H. Jick, *Addiction Rare in Patients Treated with Narcotics,* 302(2) New Eng.J.Med. 123(1980) ("Porter & Jick Letter"), in a manner that makes it appear that the item reported the results of a peer reviewed study. It is also cited in two CME programs sponsored by **ENDO**. The Brand-Name and Generic Manufacturer Defendants and those acting on their behalf failed to reveal that this "article" is actually a letter-to-the-editor, not a study,

much less a peer-reviewed study. The letter, reproduced in full below, states that the authors examined their files of hospitalized patients who had received opioids.

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients[2], Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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1 Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60
2 Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8

195. The patients referred to in the letter were all treated prior to the letter, which was published in 1980. Because of standards of care prior to 1980, the treatment of those patients with opioids would have been limited to acute or end-of-life situations, not chronic pain. The letter notes that, when these patients' records were reviewed, the authors found almost no references to signs of addiction, though there is no indication that caregivers were instructed to look for, assess, or document signs of addiction. Nor, indeed, is there any indication whether the patients were followed after they were discharged from the hospital or, if they were, for how long. None of these serious limitations was disclosed when the Brand-Name and Generic Manufacturer Defendants and those acting on their behalf cited the letter, typically as the sole scientific support for the proposition that opioids are rarely addictive.

196. Dr. Jick has complained that his letter has been distorted and misused – as indeed it has.

197. The Brand-Name and Generic Manufacturer Defendants worked to not only create and promote favorable studies in the literature, but to discredit or suppress negative information. The Brand-Name and Generic Manufacturer Defendants' studies and articles often targeted articles that contradicted the Brand-Name and Generic Manufacturer Defendants' claims or raised concerns about chronic opioid therapy. In order to do so, the Brand-Name and Generic Manufacturer Defendants – often with the help of third-party consultants – used a broad range of media to get their message out, including negative review articles, letters to the editor, commentaries, case-study reports, and newsletters.

198. The Brand-Name and Generic Manufacturer Defendants' strategy – to plant and promote supportive literature and then to cite the pro-opioid evidence in their promotional materials, while failing to disclose evidence that contradicted those claims – was flatly inconsistent with their legal obligations. The strategy was intended to, and did, distort prescribing patterns by distorting the truth regarding the risks and benefits of opioids for chronic pain relief.

199. Treatment guidelines have been particularly important in securing acceptance for chronic opioid therapy. They are relied upon by doctors (including **COUCH** and **TARABEIN**), especially the general practitioners and family doctors targeted by the Brand-Name and Generic Manufacturer Defendants, who are generally not experts, and who generally have no special training, in the treatment of chronic pain. Treatment guidelines not only directly inform doctors' (including **COUCH** and **TARABEIN**) prescribing practices, but also are cited throughout scientific literature.

200. The Federation of State Medical Boards ("FSMB") is a trade organization representing the various state medical boards in the United States. The state boards that comprise the FSMB membership have the power to license doctors, investigate complaints, and discipline physicians. The FSMB finances opioid and pain-specific programs through grants from the Brand-Name and Generic Manufacturer Defendants.

201. Since 1998, the FSMB has been developing treatment guidelines for the use of opioids for the treatment of pain. The 1998 version, Model Guidelines for the Use of Controlled Substances for the Treatment of Pain ("1998 Guidelines"), was produced "in collaboration with pharmaceutical companies" and taught not that opioids could be appropriate in limited cases after other treatments had failed, but that opioids were "essential" for treatment of chronic pain, including as a first prescription option.

202. A 2004 iteration of the 1998 Guidelines and the 2007 book, Responsible Opioid Prescribing, also made the same claims as the 1998 Guidelines. These guidelines were posted online and were available to and intended to reach physicians (including **COUCH** and **TARABEIN**) nationwide, including in Alabama.

203. The publication of Responsible Opioid Prescribing was backed largely by drug manufacturers. In all, at least 163,131 copies of Responsible Opioid Prescribing were distributed by state medical boards (and through the boards, to practicing doctors). The FSMB website describes the book as the "leading continuing medication (CME) activity for prescribers of opioid medications."

204. The Brand-Name and Generic Manufacturer Defendants relied on 1998 Guidelines to convey the alarming message that "under-treatment of pain" would result in official discipline, but no discipline would result if opioids were prescribed as part of an ongoing patient relationship and prescription decisions were documented. FSMB turned doctors' fear of

discipline on its head: doctors (including **COUCH** and **TARABEIN**), who used to belief that they would be disciplined if their patients became addicted to opioids, were taught instead that they would be punished if they failed to prescribe opioids to their patients with chronic pain.

205. American Academy of Pain Medicine ("AAPM") and the American Pain Society ("APS") are professional medical societies, each of which received substantial funding from the Brand-Name and Generic Manufacturer Defendants from 2009 to 2013. In 1997, AAPM issued a "consensus" statement that endorsed opioids to treat chronic pain and claimed that the risk that patients would become addicted to opioids was low.[42] The Chair of the committee that issued the statement, Dr. J. David Haddox, was at the time a paid speaker for **PURDUE PHARMA**. The sole consultant to the committee was Russell Portenoy. The consensus statement, which also formed the foundation of the 1998 Guidelines, was published on the AAPM's website.

206. AAPM and APS issued their own guidelines in 2009 ("2009 Guidelines") and continued to recommend the use of opioids to treat chronic pain. 14 of the 21 panel members who drafted the 2009 Guidelines, including KOLs Dr. Portenoy and Dr. Fine, received support from Defendants **CEPHALON**, **ENDO**, **PURDUE PHARMA** and some of the other Defendants.

207. The 2009 Guidelines promote opioids as "safe and effective" for treating chronic pain and conclude that the risk of addiction is manageable for patients regardless of past abuse histories. The 2009 Guidelines have been a particularly effective channel of deception and have influenced not only treating physicians (including **COUCH** and **TARABEIN**), but also the body of scientific evidence on opioids; they were reprinted in the *Journal of Pain*, have been cited

[42] The Use of opioids for the Treatment of Chronic Pain, APS & AAPM (1997). Available at http://opi.arestematicas.com/generalidades/OPIOIDES.DOLORCRONICO.pdf (as viewed 3/31/2016).

hundreds of times in academic literature, were disseminated nationwide and in Alabama during the relevant time period, and were and are available online.

208. The Brand-Name and Generic Manufacturer Defendants widely cited and promoted the 2009 Guidelines without disclosing the lack of evidence to support their conclusions.

209. The extent of the Brand-Name and Generic Manufacturer Defendants' influence on treatment guidelines is demonstrated by the fact that independent guidelines – the authors of which did not accept drug company funding – reached very different conclusions.

210. The 2012 Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain, issued by the American Society of Interventional Pain Physicians ("ASIPP"), warned that "[t]he recent revelation that the pharmaceutical industry was involved in the development of opioid guidelines as well as the bias observed in the development of many of these guidelines illustrate that the model guidelines are not a model for curtailing controlled substance abuse and may, in fact, be facilitating it." ASIPP's Guidelines further advise that "therapeutic opioid use, specifically in high doses over long periods of time in chronic non-cancer pain starting with acute pain, not only lacks scientific evidence, but is in fact associated with serious health risks including multiple fatalities, and is based on emotional and political propaganda under the guise of improving the treatment of chronic pain." ASIPP recommends long-acting opioids in high doses only "in specific circumstances with severe intractable pain" and only when coupled with "continuous adherence monitoring, in well-selected populations, in conjunction with or after

failure of other modalities of treatments with improvements in physical and functional status and minimal adverse effects."[43]

211. Similarly, the 2011 Guidelines for the Chronic Use of Opioids, issued by the American College of Occupational and Environmental Medicine, recommend against the "routine use of opioids in the management of patients with chronic pain," finding "at least moderate evidence that harms and costs exceed benefits based on limited evidence."[44]

212. The Clinical Guidelines on Management of Opioid Therapy for Chronic Pain, issued by the U.S. Department of Veterans Affairs ("VA") and Department of Defense ("DOD") in 2010, notes that their review revealed a lack of solid evidence-based research on the efficacy of long-term opioid therapy.[45]

213. While the Brand-Name and Generic Manufacturer Defendants worked in concert to expend the market for opioids, they also worked to maximize their individual shares of that market. Each Defendant promoted opioids for chronic pain through sales representatives (which they called "detailers" to deemphasize their primary sales role) and small group speaker programs to reach out to individual prescribers (including **COUCH** and **TARABEIN**) nationwide and in Alabama. By establishing close relationships with doctors (including **COUCH** and **TARABEIN**), the Brand-Name and Generic Manufacturer Defendants were able to disseminate their misrepresentations in targeted, one-on-one settings that allowed them to differentiate their opioids and to allay individual prescribers' concerns about prescribing opioids for chronic pain.

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[43] Laxmaiah Manchikanti, et al., American Society of Interventioal Pain Physicians (ASIPP) *Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part 1, Evidence Assessment,* 15 Pain Physician (Special Issue) S1-S66; Part 2 – *Guidance*, 15 Pain Physician (Special Issue) S67-116 (2012).

[44] *American College of Occupational and Environmental Medicine's Guidelines for the Chronic Use of Opioids* (2011).

[45] Management of Opioid Therapy for Chronic Pain Working Group, VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain (May 2010). Available at http://www.healthquality.va.gov/guidelines/Pain/ cot/COT_312_Full-er.pdf (accessed March 31, 2016).

214. The Brand-Name and Generic Manufacturer Defendants developed sophisticated methods for selecting doctors (including **COUCH** and **TARABEIN**) for sales visits based on the doctors' prescribing habits. In accordance with common industry practice, the Brand-Name and Generic Manufacturer Defendants purchase and closely analyze prescription sales data from IMS Health, a healthcare data collection, management and analytics corporation. This data allows them to track precisely the rates of initial and renewal prescribing by individual doctors (including **COUCH** and **TARABEIN**), which allows them to target and tailor their appeals. Sales representatives visited hundreds of thousands of doctors and disseminated the misinformation and materials described above throughout the United States, including doctors in Alabama (including **COUCH** and **TARABEIN**).

215. The Brand-Name and Generic Manufacturer Defendants made, promoted, and profited from their misrepresentations – individually and collectively – knowing that their statements regarding the risks, benefits, and superiority of opioids for chronic pain were false and misleading. **CEPHALON** and **PURDUE PHARMA** entered into settlements in the hundreds of millions of dollars to resolve criminal and federal charges involving nearly identical conduct. The Brand-Name and Generic Manufacturer Defendants had access to scientific studies, detailed prescription data, and reports of adverse events, including reports of addiction, hospitalization, and deaths – all of which made clear the significant adverse outcomes from opioids and that patients were suffering from addiction, overdoses, and death in alarming numbers. The Brand-Name and Generic Manufacturer Defendants expected and intended that their misrepresentations would induce doctors (including **COUCH** and **TARABEIN**) to prescribe, patients (including **BROCKEL**) to use, and third-party payors to pay for their opioids for chronic pain.

216. When they began their marketing practices, the Brand-Name and Generic Manufacturer Defendants recklessly disregarded the harm that their practices were likely to cause. As their scheme was implemented, and as reasonably forseeable harm began to occur, the Brand-Name and Generic Manufacturer Defendants were well aware that it was occurring. The Brand-Name and Generic Manufacturer Defendants closely monitored their own sales and the habits of prescribing doctors (including **COUCH** and **TARABEIN**), which allowed them to see sales balloon overall, in individual practices, and for specific indications. Their sales representatives, who visited doctors (including **COUCH** and **TARABEIN**) and attended CME programs, knew what types of doctors were receiving their messages and how they were responding. Moreover, the Brand-Name and Generic Manufacturer Defendants had access to, and carefully monitored government and other data that tracked the explosive rise in opioid use, addiction, injury, and death.

217. Each of the Brand-Name and Generic Manufacturer Defendants claimed that the potential for addiction from its drugs was relatively small or non-existent, even though there was no scientific evidence to support those claims.

218. To help downplay and misrepresent the addictiveness of their opioids, the Brand-Name and Generic Manufacturer Defendants used the term "pseudo addiction". When patients seek more frequent prescriptions or higher doses of opioids, it is often a sign of addictive behavior. But the "pseudo addiction" approach – essentially taking the patients at their word – argues that they are not addicts, they just need more pain relief. Dr. J. David Haddox coined the term "pseudo addiction" in a 1989 paper in a medical journal. Dr. Haddox is a physician and paid speaker for **PURDUE PHARMA**.

219. In 1996, the American Academy of Pain Medicine and the American Pain Society (organizations that receive substantial funding from drug companies) issued a statement

endorsing the use of opioids to treat chronic pain and claiming the risk of addiction was low. The chairman of the group issuing the statement was Dr. Haddox. Dr. Haddox became a **PURDUE PHARMA** executive just three years later.

220. From 2001 through 2015, **PURDUE PHARMA** hosted the website www.inthefaceofpain.com, which promoted "the notion that if a patient's doctor does not prescribe what, in the patient's view, is a sufficient dosage of opioids, he or she should find another doctor who will."

221. Dr. Russell Portenoy is a **PURDUE PHARMA** affiliated pain doctor who received funding from **PURDUE PHARMA**. He spoke out about the problem of untreated chronic pain and the wisdom of using opioids to treat it. In 1993, he reportedly told the *Times* that "[t]here is growing literature showing that these drugs can be used for a long time, with few side effects". In addition, Dr. Portenoy said that opioids needed to be destigmatized and described them as a "gift from nature". Moreover, Dr. Portenoy decried the reticence among clinicians to administer such narcotics for chronic pain, claiming that is was indicative of "opiophobia", and suggesting that concerns about addiction and abuse amounted to a "medical myth". Incredibly, in 2011, Dr. Portenoy conceded that research he relied on to push his and **PURDUE PHARMA**'s pro-opioid campaign did not prove anything about the treatment of chronic pain.

222. **ENDO** was also heavily involved in downplaying and misrepresenting the addictiveness of its opioids. For example, **ENDO** advertised that an abuse-deterrent reformation of Opana ER made it crush-resistant, despite its own studies disproving that claim. On July 6, 2017, in response to pressure from the FDA to stop sales of Opana ER due to abuse risks, **ENDO** pulled Opana ER from the market,

223. As aforementioned, **TEVA** and **CEPHALON** work together to manufacture, promote, distribute and sell Fentora/Fentanyl. In 2006, the FDA approved Fentora/Fentanyl for the management of pain in **cancer** patients who were already receiving, and who were tolerant to, opioid therapy for their underlying persistent cancer related pain. **BROCKEL** did not have cancer. Notwithstanding the fact that Fentora/Fentanyl was supposed to be used to treat cancer patients, it was marketed and promoted by **TEVA** and **CEPHALON** for other uses such as to treat chronic pain like **BROCKEL** experienced. This was improper and was done to maximize the profits of **TEVA** and **CEPHALON**.

224. Transmucosal instant-release fentanyl ("TIRF") drugs are a subset of other fentanyl-based drugs. TIRF drugs are sold under several brand names, including Fentora and Abstral. Fentora is a buccal tablet placed in the cheek. The only FDA approved indication for TIRF drugs is "for the management of breakthrough pain in patients with cancer who are already receiving, and who are tolerant to, around-the-clock opioid therapy for their persistent pain." Since fentanyl is approximately 100 times more potent than morphine, and 40-60 times more potent that pure heroin, fentanyl in TIRF drugs is measured in micrograms.

225. TIRF drugs are extremely expensive. Due to both the exceptional danger and expense of TIRF drugs, many insurance providers required prior approval before they reimbursed for a TIRF prescription. For example, Viva Medicare refused to approve **BROCKEL's** prescription for Abstral because he did not have cancer. *See* Exhibit "8".

226. Due to many years of taking drugs that were manufactured, marketed, promoted sold and/or distributed by the Brand-Name and Generic Manufacturer Defendants, **BROCKEL** developed severe health problems including chronic obstructive pulmonary disease, shortness of breadth, asthma, anxiety, and depression. He also had a history of suicidal ideations. These health problems proximately caused and/or contributed to his injuries and death.

227. Due to the wrongful conduct of the Brand-Name and Generic Manufacturer Defendants as outlined herein, **BROCKEL** committed suicide on or about August 7, 2017 in the parking lot of **COUCH's/PPS's** office in Mobile, Alabama. He was just 48 years old.

228. **PLAINTIFF** avers that the **BROCKEL's** injuries and death were proximately caused by the joint wrongful conduct of the Brand-Name Manufacturer Defendants, Generic Manufacturer Defendants and Provider Defendants.

229. **PLAINTIFF** brings this action for damages under the Alabama wrongful death statute, i.e., Alabama Code §6-5-410 (1975).

VI. CONSPIRACY BETWEEN THE GENERIC & BRAND-NAME MANUFACTURER DEFENDANTS

230. The Generic Manufacturer Defendants colluded/conspired with the Brand-Name Manufacturer Defendants to cause the Brand-Name Manufacturer Defendants to refrain from updating their warning labels despite knowing the risks associated with the Defendants' drugs. Therefore, the Generic Manufacturer Defendants are liable along with the Brand-Name Manufacturer Defendants.

231. Both the Generic Manufacturer and Brand-Name Manufacturer Defendants knew about the harmful effects and addictiveness of their opioids and that their drugs were ineffective for long term treatment of chronic pain. However, they colluded and conspired together to cause the Brand-Name Manufacturer Defendants to refrain from updating their warning labels despite knowing the risks. They did so because both the Generic Manufacturer and Brand-Name Manufacturer Defendants reaped huge profits from this scheme.

232. The Generic Manufacturer and Brand-Name Manufacturer Defendants colluded and conspired together to intentionally and fraudulently mislead **BROCKEL**, his health care providers (i.e. the Provider Defendants), and the general public.

233. As alleged herein, the Generic Manufacturer Defendants are liable for wantonness, fraud/misrepresentation, suppression/concealment, deceit, unjust enrichment and civil conspiracy, by colluding and conspiring with the Brand-Name Manufacturer Defendants.

234. Furthermore, the Generic Manufacturer Defendants are estopped from relying on preemption, etc. as a defense to their wrongful conduct. Because the Generic Manufacturer Defendants' warning labels have to match the Brand-Name Manufacturer Defendants' labels, they both financially benefited by keeping the labels the same. This is true because they could both sell exponentially more opioids if their drugs were used for long term treatment of chronic pain in addition to short term for acute and post-operative pain. The Generic Manufacturer Defendants actively caused and contributed to the opioid epidemic and **BROCKELS's** injuries and death. They should not be rewarded by some unintended loophole created by the "duty of sameness" requirement of the Hatch-Waxman Amendments.[46]

235. Moreover, the aforementioned conspiracy was aided by the extremely close relationships between many of the Brand-Name and Generic Manufacturer Defendants. For example, Endo International PLC is the holding company for Defendants **ENDO** and **PAR** which makes them "sister" companies. **ENDO** handles the brand-name drugs while **PAR** handles the generic drugs.

236. Another example of an extremely close relationship is between Defendants **TEVA** and **CEPHALON**. **TEVA** is a wholly owned subsidiary of Teva Pharmaceutical

[46] In 1984, Congress created an expedited process for approving generic drugs through the Hatch-Waxman Amendments. *PLIVA, Inc. v. Mensing*, 131 S.Ct. 2567, 2574 (2011) The Hatch-Waxman Amendments allow a generic drug manufacturer to rely on the FDA approval of a brand name drug and accelerate the approval process by submitting an Abbreviated New Drug Application ("ANDA"), if the generic drug has identical active ingredients and labeling to that of the FDA approved brand name drug. *Id.* After the FDA approves the generic drug, the generic manufacturer is arguably prohibited from making changes to the formulation of the drug itself or from unilaterally changing the drug's label. *Id.*

Industries, Ltd. an Israeli corporation. In 2011, Teva Pharmaceutical Industries, Ltd. acquired **CEPHALON** making **TEVA** and **CEPHALON** "sister" companies.

VII. BACKGROUND/FACTS – PROVIDER DEFENDANTS

237. From 2004 to approximately 2010, **BROCKEL** was treated by doctors in the Dothan, Alabama area for pain caused by the motor vehicle accident. They primarily prescribed him Acetaminophen/Hydrocodone (Lortab) and muscle relaxers.

238. **BROCKEL** moved to Mobile, Alabama in 2010.

239. According to the government, between January 1, 2011 and May 20, 2015, **COUCH** and his partner Dr. Xiulu Ruan wrote approximately 285,000 prescriptions for controlled substances.

240. According to the government, between January 1, 2011 and May 20, 2015, **COUCH** and Dr. Xiulu Ruan wrote over 6,000 prescriptions for TIRF drugs to approximately 1,000 different **PPSA** patients. Virtually all of these patients filled their expensive TIRF prescriptions at **C&R**, which was owned by **COUCH** and Dr. Xiulu Ruan.

241. From approximately February 2011 until **COUCH's** arrest in approximately May 2015, **COUCH** treated **BROCKEL** for pain with prescription drugs including Oxycodone, Oxycodone HCL, Oxycodone/Acetaminophen, Oxymorphone, OxyContin, Oxy IR, MS Contin, MS IR, Morphine Sulfate ER, Morphine Sulfate IR, Hydrocodone/Acetaminophen, Avinza, Percocet, Opana, Roxicodone, Neurontin/Gabapentin and Fentora/Fentanyl. Said treatment took place at **PPSA** in Mobile, Alabama. These opioids were manufactured, marketed, promoted, sold and/or distributed by the Brand-Name and Generic Manufacturer Defendants.

242. **COUCH** prescribed drugs (including Oxycodone, Oxycodone HCL, Oxycodone/Acetaminophen, Oxymorphone, OxyContin, Oxy IR, MS Contin, MS IR, Morphine Sulfate ER, Morphine Sulfate IR, Hydrocodone/Acetaminophen, Avinza, Percocet, Opana,

Roxicodone, Neurontin/Gabapentin and Fentora/Fentanyl) to **BROCKEL** without medical necessity or justification for profit.

243. During the treatment of **BROCKEL**, **COUCH** kept increasing the amounts, potency, and types of drugs without necessity or justification in order to make a profit.

244. On information and belief, in order to maximize profits and conceal his illegal activity, **COUCH** instructed and persuaded **BROCKEL** to fill his prescriptions at **C&R** which is a pharmacy that he co-owned in Mobile, Alabama. **BROCKEL** followed his doctor's instructions.

245. In 2006, the FDA approved Fentora/Fentanyl for the management of pain in **cancer** patients who were already receiving, and who were tolerant to, opioid therapy for their underlying persistent cancer related pain. Notwithstanding the fact that Fentora/Fentanyl was supposed to be used to treat cancer patients, **COUCH** treated **BROCKEL** for his non-cancer chronic pain. This was improper and was done to maximize the profits of **COUCH**.

246. In 2017, **COUCH** was found guilty on a slate of federal charges including health care fraud and unlawful distribution of controlled substances.

247. From approximately June 2015 until approximately April 2017, **TARABEIN** treated **BROCKEL** for pain with prescription drugs including Oxycodone, Oxycodone HCL, OxyContin, Oxy IR, MS Contin, MS IR, Avinza, Morphine Sulfate, Morphine Sulfate ER, Morphine Sulfate IR, Hydrocodone/Acetaminophen and Neurontin/Gabapentin. Said treatment took place at **ESNC** in Daphne, Alabama. These opioids were manufactured, marketed, promoted, sold and/or distributed by the Brand-Name and Generic Manufacturer Defendants.

248. **TARABEIN** prescribed drugs (Oxycodone, Oxycodone HCL, OxyContin, Oxy IR, MS Contin, MS IR, Avinza, Morphine Sulfate, Morphine Sulfate ER, Morphine Sulfate IR,

Hydrocodone/Acetaminophen and Neurontin/Gabapentin) to **BROCKEL** without medical necessity or justification for profit.

249. During the treatment of **BROCKEL**, **TARABEIN** kept increasing the amounts, potency, and types of drugs without medical necessity or justification in order to make an unjust profit.

250. During **TARABEIN's** treatment of **BROCKEL**, it appears that **TARABEIN** routinely charged him for receiving services and procedures (e.g. epidural blocks even though he was only providing trigger point injections, etc.) that were not actually provided. On information and belief, **TARABEIN** did the same to maximize and unjustly profit which defrauded **BROCKEL**, BCBS of AL, and Medicare.

251. Due to many years of taking drugs that were overprescribed by **COUCH** and **TARABEIN**, **BROCKEL** developed severe health problems including chronic obstructive pulmonary disease, shortness of breadth, asthma, anxiety, and depression. He also had a history of suicidal ideations. These health problems proximately caused and/or contributed to his death.

252. In approximately April 2017, **TARABEIN** told **BROCKEL** to smoke marijuana for nausea because the government had legalized Cannabidiol ("CBD") oil. Therefore, no one would know that he was smoking marijuana because marijuana and CBD oil would both test positive for THC during a drug test. **BROCKEL** followed **TARABEIN's** instruction and smoked marijuana.

253. In approximately March 2017, **BROCKEL** asked **TARABEIN** to reduce the dosage of Morphine Sulfate. Accordingly, **TARABEIN** reluctantly reduced the dosage of Morphine Sulfate from 60 mg to 30 mg.

254. Subsequently, **TARABEIN** ordered a DNA swab test and lied about the results (Patients receiving prescription narcotics are required to submit a one-time DNA swab for

analysis to determine the patient's ability to process and metabolize the narcotic drugs). In addition, **TARABEIN** told **BROCKEL** that he was in control of his future and to pay his account balance or he would not be able to get any further pain medication from anyone in the medical field.

255. **TARABEIN** claimed that **BROCKEL** owed him approximately $2,413 and sent him a bill for same. **BROCKEL** went to **TARABEIN's** office at **ESNC** and tried to pay the balance allegedly owed on the account. However, **TARABEIN's** office refused to accept payment. Instead, **TARABEIN's** office said they would no longer treat him.

256. **BROCKEL** pleaded for **TARABEIN's** office to help him with detoxification/withdrawal but they refused. Instead, **TARABEIN's** office told **BROCKEL** he was on his own.

257. Thereafter, **BROCKEL** was unable to get the amounts and types of pain medications that he was accustomed to and as a result suffered severe pain, withdrawal, anxiety and depression.

258. Due to the fact that **BROCKEL** had been taking pain medication for approximately 14 years, **TARABEIN** knew (or should have known) that **BROCKEL** would suffer from severe pain, withdrawal, anxiety and depression when he abruptly stopped taking the addictive medications but did nothing to attempt to detoxify **BROCKEL**.

259. Due to **COUCH** and **TARABEIN's** overprescribing of drugs to **BROCKEL, TARABEIN's** extortion and abrupt stoppage of treatment without proper detoxification, and the wrongful conduct of the Brand-Name and Generic Manufacturer Defendants as alleged herein, **BROCKEL** committed suicide on or about August 7, 2017 in the parking lot of **COUCH's/PPS's** office in Mobile, Alabama. He was just 48 years old.

260. August 7, 2017 was the same day **TARABEIN** filed his intent to plead guilty to health care fraud and unlawful distribution of controlled substances. **TARABEIN** subsequently pled guilty to these crimes and is currently serving time in a federal penitentiary in Louisiana.

261. **PLAINTIFF** avers that the **BROCKEL's** injuries and death were proximately caused by the joint wrongful conduct of the Provider Defendants, Brand-Name Manufacturer Defendants and Generic Manufacturer Defendants.

262. **PLAINTIFF** brings this action for damages under the Alabama wrongful death statute, i.e., Alabama Code §6-5-410 (1975).

VIII. CHANGES BEING EFFECTED ("CBE") REGULATION

263. The United States Supreme Court in *Wyeth* made it clear that a state tort action against a brand-name drug manufacturer for failure to provide an adequate warning label was not preempted because it was possible for the manufacturer to comply with both state and federal law under the FDA's changes being effected ("CBE") regulation., 129 S.Ct. 1187 (2009).

264. Although a manufacturer must secure FDA approval for a proposed change prior to distributing the product with the revised label, the CBE regulation squarely permits a manufacturer to make certain changes to its label before receiving FDA's approval. *Wyeth v. Levine*, at 1196. "Although a manufacturer generally may change a drug label only after the FDA approves a supplemental application, the agency's 'changes being effected' (CBE) regulation permits certain preapproval labeling changes that add or strengthen a warning to improve drug safety." *Id.* at 1189.

265. The CBE regulation affirmatively requires pharmaceutical companies to change their warning labels when they have "newly acquired information" to support a labeling change. *Id.* at 1196. "Newly acquired information" is defined as:

> [D]ata, analyses, or other information not previously submitted to the [FDA], which may include (but is not limited to) data derived from new clinical studies, **reports of adverse events**, or new analyses of previously submitted data (e.g., meta-analyses) if the studies, events, or analyses reveal risks of a different type or **greater severity or frequency** than previously included in submissions to FDA. [emphasis supplied] 21 C.F.R. § 314.3(b).

266. Information previously known to the manufacturer, but not submitted to the FDA, may also constitute "newly acquired information", provided that the information meets the other CBE requirements. 73 Fed. Reg. 49603, 49606 (Aug. 22, 2008).

267. Additionally, "newly acquired information" is not limited to new data, but also encompasses new analyses of previously submitted data. *Wyeth v. Levine*, at 1197. In *Wyeth*, the Supreme Court specifically held, "[t]he rule accounts for the fact that risk information accumulates over time and that the same data may take on a different meaning in light of subsequent developments". *Id.*

268. Further, the United States Supreme Court made it abundantly clear in *Wyeth* that the Brand-Name Manufacturer Defendants, rather than the FDA, bear primary responsibility for drug labeling. "Yet through many amendments to the FDCA and to FDA regulations, it has remained a central premise of federal drug regulation that **the manufacturer bears responsibility for the content of its label at all times**. **It is charged with crafting an adequate label and with ensuring that its warnings remain adequate as long as the drug is on the market**." (emphasis supplied) *Id.* at 1197-98.

269. After their opiates and labels were initially approved by the FDA but before **BROCKEL's** death on August 7, 2017, the Brand-Name Manufacturer Defendants possessed "newly acquired information" that triggered a duty to unilaterally change the labeling through the CBE process without prior FDA approval. Said "newly acquired information" includes, but is not limited to, the following: (1) opioids only being effective for the treatment of short-term

post-surgical and trauma-related pain, and for palliative end-of-life care; (2) inadequate studies/testing/clinical trials/science to support opioid treatment for chronic pain lasting longer than 12 weeks; (3) prescribers and consumers of opioids being under the false impression that opioids have been proven safe and effective for the treatment of chronic pain; (4) individuals taking opioids for longer than 12 weeks develop tolerance which results in loss of analgesic effects; (5) voluminous reports of incidences of opioid related overdoses, injuries and deaths; (6) addiction and dependence risks being more severe than previously believed/anticipated/warned; (7) extended release/long-acting ("ER/LA") opioids not being effective for up to 12 hours; (8) extended release/long-acting ("ER/LA") and immediate release ("IR") opioids should only be used when alternate treatments (e.g., non-opioid analgesics or opioid combination products, acupuncture, physical therapy, etc.) are inadequate or not tolerated because of the serious risks of the drugs; (9) there should be greater emphasis and prominence in labels regarding the risks of opioid addiction, abuse and misuse which can lead to overdose and death; (10) that prescribers need to be urged to assess each patient's risk before prescribing, and to monitor all patients regularly for the development of opioid addiction, abuse and misuse which can lead to overdose and death; (11) the word "moderate" should not be used to describe the degree of pain needed before opioids are utilized/prescribed because it implies that the FDA determined that opioids are safe and effective for long-term use; (12) patients in pain should be assessed by prescribers not only by their rating on a categorical pain intensity scale, but also based on a more thoughtful determination that their pain – however it may be defined – is severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternate treatment options are inadequate; (13) the need for maximum duration guidelines/recommendations; (14) the need for maximum daily dosage guidelines/recommendations; (15) the relationship between increasing opioid dosage and risk of certain adverse events such as overdose and death; (16) withdrawal

systems being more severe than previously believed/anticipated/warned; (17) prescribers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment in a physically dependent patient; (18) users/consumers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment if they are physically dependent; and (19) the ineffectiveness of so-called abuse-deterrent properties (e.g., new coating designed to make drugs difficult to crush to prevent snorting and injection, the addition of certain elements intended to make the drugs unsuitable for injection, etc.).

270. Since the Brand-Name Manufacturer Defendants possessed the aforementioned "newly acquired information" but did not unilaterally change their warning labels through the CBE process as required by law, they are liable for **BROCKEL's** injuries and death.

IX. THE BRAND-NAME MANUFACTURER DEFENDANTS' AGGRESSIVE MARKETING EFFORTS ARE INCONSISTENT WITH THEIR FDA-APPROVED LABELS

271. In addition to and separately from the violations of the CBE regulation that were discussed in the proceeding section, the Brand-Name Manufacturer Defendants marketed opioids in a manner that is contrary to, inconsistent with, or outside of their FDA-approved labels.

272. Despite FDA approval of the opioids, the Brand-Name Manufacturer Defendants were not required to repeat information that they knew to be false in advertising and promoting their products after they became aware of new information that did not support their statements.

273. The Brand-Name Manufacturer Defendants aggressively marketed their opioids for long-term use to treat chronic pain through misrepresentations that were intended to lead doctors (including **COUCH & TARABEIN)** to prescribe the drugs in circumstances where they were inappropriate, i.e., to disregard cautions that the FDA itself had recognized as appropriate and necessary. Indeed, the Brand-Name Manufacturer Defendants sought to induce and did

induce physicians (including **COUCH & TARABEIN)** to ignore or rely less heavily on the risks of opioid use when making prescribing decisions.

274. When promoting their opioids, the Brand-Name Manufacturer Defendants (1) made representations that were not supported by scientific studies, thus preventing clinicians (including **COUCH & TARABEIN)** and consumers (including **BROCKEL)** from making informed decisions whether to prescribe or use opioids as a primary form of chronic pain treatment; (2) they used marketing strategies to evade consumer protection laws; and (3) they used font groups or third parties to promote opioids as a superior pain relief medication through unbranded materials.

275. To maximize their profits, the Brand-Name Manufacturer Defendants intentionally misrepresented to the public and the medical community the risks and benefits of opioids for the treatment of chronic pain. To reverse the stigma historically associated with opioid use so that more patients would request opioids, more physicians would write prescriptions for them, and more healthcare insurers would pay for such treatment, the Brand-Name Manufacturer Defendants developed marketing campaigns, which included such strategies as branded and unbranded advertisements, educational programs and materials, and detailing of physicians, that overstated the benefits of prescription opioids for chronic pain and misrepresented-even trivialized-the dangers associated with the long-term use of such medications.

276. Since the Brand-Name Manufacturer Defendants' marketing efforts are contrary to, inconsistent with, or outside of their FDA-approved labels, **PLAINTIFF's** claims are not preempted.

X. THE BRAND-NAME MANUFACTURER DEFENDANTS ARE LIABLE FOR THE GENERIC VERSIONS OF THEIR DRUGS

277. The Brand-Name Manufacturer Defendants are liable for the generic versions of their drugs.

278. The Brand-Name Manufacturer Defendants have a duty to warn of the risks which it knew or reasonably should have known, regardless of whether the consumer (including **BROCKEL**) is prescribed the brand-name drug or its competitors' generic bioequivalent. The Brand-Name Manufacturer Defendants are liable for the generic versions of their opioids because they intentionally failed to update warning labels for their drugs despite knowing the risks, and therefore are liable for wantonness, fraud/misrepresentation and deceit.

279. In 2014, the Alabama Supreme Court determined that a brand-name manufacturer could be held liable for fraud or misrepresentation based on statements it made in connection with the manufacture of the drug in an action brought by a consumer who was allegedly injured by the generic version of the drug. *See Wyeth, Inc. v. Weeks*, 159 So.3d 649, 676 (Ala. 2014) ("Under Alabama law, a brand-name-drug company may be held liable for fraud or misrepresentation (by misstatement or omission), based on statements it made in connection with the manufacture of a brand-name prescription drug, by a plaintiff claiming physical injury caused by a generic drug manufactured by a different company.") *See also Rafferty v. Merck & Co., Inc.*, 92 N.E.3d 1205, 1220 (Mass. 2018) ("a brand-name manufacturer that intentionally fails to update the label on its drug to warn of an unreasonable risk of death or grave bodily injury, where the manufacturer knows of this risk or knows of facts that would disclose this risk to any reasonable person, will be held responsible for the resulting harm.")

280. Further, the Alabama Supreme Court determined:

> In the context of inadequate warnings by the brand-name manufacturer placed on a prescription drug manufactured by a generic manufacturer, it is not

> fundamentally unfair to hold the brand-name manufacturer liable for warnings on a product it did not produce because the manufacturing process is irrelevant to misrepresentation theories based, not on the manufacturing defects in the product itself, but on information and warning deficiencies, when those alleged misrepresentations were drafted by the brand-name manufacturer and merely repeated, as allowed by the FDA, by the generic manufacturer. *Wyeth, Inc. v. Weeks*, at 677.

281. In 2015, the Alabama legislature enacted Ala. Code 1975 § 6-5-530 (*Liability for damages*) which arguably insulates an entity/individual from liability if they did not actually manufacture or sell a product that injures a consumer.

282. If the Court and/or fact-finder agrees that case law and § 6-5-530 act as a complete bar to all potential remedies for a consumer (including **BROCKEL**) who just so happens to be prescribed a generic version of a brand-name manufacturer's drug despite evidence of clear wrong-doing and intentional and fraudulent conduct, then § 6-5-530 is unquestionably unconstitutional. Accordingly, under such a scenario, § 6-5-530 is invalid because it is in violation of the Constitution of the state of Alabama and the United States Constitution, at least as it relates to consumers of generic drugs who bring actions against brand-name manufacturers.[47]

283. Indeed, Article I, § 13 of the Alabama State Constitution mandates "[t]hat all courts shall be open; **and that every person, for any injury done him, and his** lands, goods, **person**, or reputation, **shall have a remedy by due process of law**; and right and justice shall be administered without sale, denial, or delay." [emphasis supplied] *See also* Ala. Const. Art. I, § 10 ("That no person shall be barred from prosecuting or defending before any tribunal in this state, by himself or counsel, any civil cause to which he is a party.")

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[47] The Alabama Attorney General is being served with a copy of this pleading in accordance with Ala. Code 1975 § 6-6-227 and the applicable Rules.

284. Furthermore, Amendment XIV of the United States Constitution mandates that "[n]o State shall make or enforce any law which shall abridge the privileges and immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law". *See also* Amendment V of the United States Constitution (No person shall "be deprived of life, liberty, or property, without due process of law".)

285. On information and belief, Brand-Name Manufacturer Defendants **PURDUE PHARMA**, **PFIZER**, **ENDO**, **MALLINKRODT** and **CEPHALON** manufacture, market, promote, sell, and/or distribute OxyContin, MS Contin, Avinza, Percocet, Opana, Roxicodone and Fentora which are branded drugs. The generic versions of these drugs are Oxycodone (including a combination of Oxycodone & Acetaminophen), Morphine Sulfate, Oxymorphone and Fentanyl which are manufactured, marketed, promoted, sold, and/or distributed by Generic Manufacturer Defendants **KVK-TECH**, **ZYDUS**, **NESHER**, **WATSON**, **WEST-WARD**, **ACTAVIS**, **ROXANE**, **PAR**, **RHODES** and **TEVA**. If the Generic Manufacturer Defendants are able to escape liability due to the aforementioned unintended loophole, which it should not, the Brand-Name Manufacturer Defendants should be held liable for the generic versions of their drugs.

XI. CAUSES OF ACTION

A. FIRST CAUSE OF ACTION (AGAINST COUCH & TARABEIN) Medical Malpractice

286. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 285 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

287. **PLAINTIFF** avers that **COUCH** and **TARABEIN** did not meet the applicable standard of care while treating **BROCKEL**, and that such failure was a proximate cause of

BROCKEL's injuries and death along with the wrongful conduct of the Brand-Name and Generic Manufacturer Defendants. Examples of **COUCH** and **TARABEIN's** failure to meet the applicable standard of care include, but are not limited to: overprescribing of prescription drugs; prescribing drugs to **BROCKEL** without medical necessity/justification; prescribing cancer related drugs to **BROCKEL** even though he did not have cancer; conducting unnecessary procedures; improperly charging for goods/services/procedures not actually performed; improperly charging for goods/services/procedures not medically necessary; billing for physician office visits when **BROCKEL** was only seen by staff; re-using epidural needles and/or needles in radio frequency machines; receiving illegal kickbacks and referral payments from pharmaceutical companies, distributors and/or other third parties; and failing to properly detox **BROCKEL**.

288. Accordingly, **COUCH** and **TARABEIN** are liable under the Alabama Medical Liability Act (Alabama Code §6-5-480, et seq. (1975)).

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

B. SECOND CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Negligence

289. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 288 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

290. Under Alabama law, to establish actionable negligence, one must show in addition to the existence of a duty, a breach of that duty, and injury resulting proximately therefrom. All such essential elements exist here.

291. Each Defendant had duties to exercise reasonable or due care in the manufacturing, marketing, promoting, selling, distributing and/or prescribing of highly dangerous opioid drugs.

292. Each Defendant breached its aforesaid duties by its conduct previously specified herein.

293. Each Defendant owed its aforesaid duties to **BROCKEL** because his injuries and death were foreseeable by the Defendants.

294. From the time **BROCKEL** began taking the Brand-Name and Generic Manufacturer Defendants' opioids in 2004 until his death on August 7, 2017, the Brand-Name and Generic Manufacturer Defendants negligently downplayed/discounted the addictive nature of their opioids and the seriousness of withdrawal symptoms. Said wrongful conduct caused **BROCKEL** to become extremely addictive to the Brand-Name and Generic Manufacturer Defendants' opioids. In addition, said wrongful conduct proximately caused and/or contributed to the severe and debilitating withdrawal symptoms that **BROCKEL** experienced which ultimately caused him to commit suicide on August 7, 2017.

295. The Brand-Name Manufacturer, Generic Manufacturer and Provider Defendants negligently failed to properly inform and/or warn **BROCKEL** of the harmful effects, addictiveness, and limited application (i.e. effective treatment for short-term post-surgical and trauma-related pain, and for palliative end-of-life care) of the opioids that were manufactured, marketed, promoted, sold, distributed, and/or prescribed by Defendants and consumed by **BROCKEL**.

296. The Brand-Name and Generic Manufacturer Defendants negligently failed to properly inform and/or warn the Provider Defendants (e.g. **COUCH** and **TARABEIN)** of the harmful effects, addictiveness, and limited application (i.e. effective treatment for short-term post-surgical and trauma-related pain, and for palliative end-of-life care) of the opioids that they manufactured, marketed, promoted, sold and/or distributed and that were ultimately consumed by **BROCKEL**. But for the Brand-Name and Generic Manufacturer Defendants' lack of information/warnings given to the Provider Defendants (e.g. **COUCH** and **TARABEIN)**, the Provider Defendants would not have prescribed the subject opioids to **BROCKEL**. In other words, the Provider Defendants (e.g. **COUCH** and **TARABEIN)** would have changed their prescribing decisions had different or additional information/warnings accompanied the opioids.

297. The Brand-Name Manufacturer Defendants negligently marketed and promoted the opioids as specifically set out in the "Background/Facts" section.

298. The Brand-Name and Generic Manufacturer Defendants were negligent by failing to properly study/test the opioids for long term treatment of chronic pain. For example, as outlined in the "Background/Facts" sections, the Brand-Name and Generic Manufacturer Defendants knew that controlled studies of the safety and efficacy of opioids were limited to short-term use (*i.e.,* not longer than 90 days) in managed settings (*e.g.*, hospitals) where the risk of addiction and other adverse outcomes was significantly minimized. To date, there have been no long-term studies demonstrating the safety and efficacy of opioids for long-term use.

299. After the opiates and labels were initially approved by the FDA but before **BROCKEL's** death on August 7, 2017, the Brand-Name Manufacturer Defendants possessed "newly acquired information" that triggered a duty to unilaterally change the labeling through the CBE process without prior FDA approval. Said "newly acquired information" includes, but is not limited to, the following: (1) opioids only being effective for the treatment of short-term

post-surgical and trauma-related pain, and for palliative end-of-life care; (2) inadequate studies/testing/clinical trials/science to support opioid treatment for chronic pain lasting longer than 12 weeks; (3) prescribers and consumers of opioids being under the false impression that opioids have been proven safe and effective for the treatment of chronic pain; (4) individuals taking opioids for longer than 12 weeks develop tolerance which results in loss of analgesic effects; (5) voluminous reports of incidences of opioid related overdoses, injuries and deaths; (6) addiction and dependence risks being more severe than previously believed/anticipated/warned; (7) extended release/long-acting ("ER/LA") opioids not being effective for up to 12 hours; (8) extended release/long-acting ("ER/LA") and immediate release ("IR") opioids should only be used when alternate treatments (e.g., non-opioid analgesics or opioid combination products, acupuncture, physical therapy, etc.) are inadequate or not tolerated because of the serious risks of the drugs; (9) there should be greater emphasis and prominence in labels regarding the risks of opioid addiction, abuse and misuse which can lead to overdose and death; (10) that prescribers need to be urged to assess each patient's risk before prescribing, and to monitor all patients regularly for the development of opioid addiction, abuse and misuse which can lead to overdose and death; (11) the word "moderate" should not be used to describe the degree of pain needed before opioids are utilized/prescribed because it implies that the FDA determined that opioids are safe and effective for long-term use; (12) patients in pain should be assessed by prescribers not only by their rating on a categorical pain intensity scale, but also based on a more thoughtful determination that their pain – however it may be defined – is severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternate treatment options are inadequate; (13) the need for maximum duration guidelines/recommendations; (14) the need for maximum daily dosage guidelines/recommendations; (15) the relationship between increasing opioid dosage and risk of certain adverse events such as overdose and death; (16) withdrawal

systems being more severe than previously believed/anticipated/warned; (17) prescribers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment in a physically dependent patient; (18) users/consumers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment if they are physically dependent; and (19) the ineffectiveness of so-called abuse-deterrent properties (e.g., new coating designed to make drugs difficult to crush to prevent snorting and injection, the addition of certain elements intended to make the drugs unsuitable for injection, etc.).

300. The Brand-Name Manufacturer Defendants breached the aforementioned duty by failing to unilaterally change their warning labels through the CBE process as required by law. Said breach of duty proximately caused and/or contributed to **BROCKEL's** injuries and death. Therefore, they were negligent and are liable for **BROCKEL's** injuries and death.

301. The Brand-Name Manufacturer, Generic Manufacturer and Provider Defendants negligently misrepresented the harmful effects and addictiveness of the opioids and drugs that were manufactured, marketed, promoted, sold, distributed, and/or prescribed by them and consumed by **BROCKEL**. The Brand-Name Manufacturer, Generic Manufacturer and Provider Defendants negligently misrepresented that the opioids were effective for long term treatment of chronic pain, and that they should be prescribed for long term use.

302. The Brand-Name Manufacturer, Generic Manufacturer and Provider Defendants were negligent by manufacturing, marketing, promoting, selling, distributing, and/or prescribing opioids to **BROCKEL** which were dangerously unsafe.

303. The Brand-Name and Generic Manufacturer Defendants negligently supplied opioids to suspicious physicians (including **COUCH** and **TARABEIN**) and pharmacies (including **C&R**). Indeed, on information and belief, a disproportional amount of opioids were being prescribed by **COUCH** and **TARABEIN** and filled at **C&R**. Yet, the Brand-Name and

Generic Manufacturer Defendants did not do anything to help stop same because it would have adversely affected their profits. Had the Brand-Name and Generic Manufacturer Defendants adequately monitored and reported these suspicious purchases, **COUCH** and **TARABEIN** would not have been able to prescribe the opioids to **BROCKEL** which ultimately caused his injuries and death.

304. The Brand-Name and Generic Manufacturer Defendants negligently failed to alert the U.S. Drug Enforcement Administration of suspicious purchases of opioids, such as orders of unusual size, frequency or pattern. The Brand-Name and Generic Manufacturer Defendants negligently failed to monitor and/or report the suspicious purchases and orders of controlled substances.

305. **TEVA** and **CEPHALON** negligently marketed and promoted Fentora/Fentanyl for off label uses. In 2006, the FDA approved Fentora/Fentanyl for the management of pain in **cancer** patients who were already receiving, and who were tolerant to, opioid therapy for their underlying persistent cancer related pain. **BROCKEL** did not have cancer. Notwithstanding the fact that Fentora/Fentanyl was supposed to be used to treat cancer patients, it was marketed and promoted by **TEVA** and **CEPHALON** for other uses such as to treat chronic pain like **BROCKEL** experienced. This was improper and was done to maximize the profits of **TEVA** and **CEPHALON**.

306. Since the FDA has never approved Fentora/Fentanyl for the management of pain in non-cancer patients, labeling/preemption related defenses are not available to **TEVA** and **CEPHALON**.

307. In addition, **PLAINTIFF** is not seeking to bring a private cause of action against **TEVA** and **CEPHALON** under the FDCA[48], but rather is seeking to use their violations as evidence to support the negligence claims. Defendants violated their duties because they promoted a use of Fentora/fentanyl that was in violation of Alabama law, not merely because the use they promoted was off-label. Under Alabama law, every drug manufacturer has a duty to ensure its products are reasonably safe for consumers. Therefore, **PLAINTIFF's** action is not impliedly preempted by the FDCA.

308. Among other things, **COUCH** and **TARABEIN** were negligent by: overprescribing prescription drugs to **BROCKEL**; prescribing drugs to **BROCKEL** without medical necessity/justification; conducting unnecessary procedures; prescribing cancer related drugs to **BROCKEL** even though he did not have cancer; improperly charging for goods/services/procedures not actually performed; improperly charging for goods/services/procedures not medically necessary; billing for physician office visits when **BROCKEL** was only seen by staff; re-using epidural needles and/or needles in radio frequency machines; receiving illegal kickbacks and referral payments from pharmaceutical companies, distributors and/or other third parties; and failing to properly detox **BROCKEL**.

309. **BROCKEL's** injuries and death were the direct and proximate result of the aforementioned negligent conduct of the Brand-Name Manufacturer, Generic Manufacturer and Provider Defendants.

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** for

[48] Plaintiff disavows any and all federal causes of action in the Complaint.

compensatory damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

C. THIRD CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Wantonness

310. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 309 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

311. Defendants' aforesaid acts and omissions were done and omitted knowing that injury and/or death to **BROCKEL** would likely or probably result; were done or omitted with a reckless or conscious disregard of the rights of **BROCKEL**; were done or omitted without the exercise of even a slight degree of care; were done or omitted with conscious indifference to the consequences; and/or constituted a substantial deviation from the standard of care applicable.

312. **BROCKEL's** injuries and death were the direct and proximate result of the wanton conduct of the Defendants as outlined herein including in the "Background/Facts" sections. In addition, the Brand-Name and Generic Manufacturer Defendants knowingly and/or recklessly supplied opioids to suspicious physicians (including **COUCH** and **TARABEIN**) and pharmacies (including **C&R**) to maximize profits.

313. From the time **BROCKEL** began taking the Brand-Name and Generic Manufacturer Defendants' opioids in 2004 until his death on August 7, 2017, the Brand-Name and Generic Manufacturer Defendants wantonly downplayed/discounted the addictive nature of their opioids and the seriousness of withdrawal symptoms. Said wrongful conduct caused **BROCKEL** to become extremely addictive to the Brand-Name and Generic Manufacturer Defendants' opioids. In addition, said wrongful conduct proximately caused and/or contributed

to the severe and debilitating withdrawal symptoms that **BROCKEL** experienced which ultimately caused him to commit suicide on August 7, 2017.

314. After the opiates and labels were initially approved by the FDA but before **BROCKEL's** death on August 7, 2017, the Brand-Name Manufacturer Defendants possessed "newly acquired information" that required them to unilaterally change the labeling through the CBE process without prior FDA approval. Said "newly acquired information" includes, but is not limited to, the following: (1) opioids only being effective for the treatment of short-term post-surgical and trauma-related pain, and for palliative end-of-life care; (2) inadequate studies/testing/clinical trials/science to support opioid treatment for chronic pain lasting longer than 12 weeks; (3) prescribers and consumers of opioids being under the false impression that opioids have been proven safe and effective for the treatment of chronic pain; (4) individuals taking opioids for longer than 12 weeks develop tolerance which results in loss of analgesic effects; (5) voluminous reports of incidences of opioid related overdoses, injuries and deaths; (6) addiction and dependence risks being more severe than previously believed/anticipated/warned; (7) extended release/long-acting ("ER/LA") opioids not being effective for up to 12 hours; (8) extended release/long-acting ("ER/LA") and immediate release ("IR") opioids should only be used when alternate treatments (e.g., non-opioid analgesics or opioid combination products, acupuncture, physical therapy, etc.) are inadequate or not tolerated because of the serious risks of the drugs; (9) there should be greater emphasis and prominence in labels regarding the risks of opioid addiction, abuse and misuse which can lead to overdose and death; (10) that prescribers need to be urged to assess each patient's risk before prescribing, and to monitor all patients regularly for the development of opioid addiction, abuse and misuse which can lead to overdose and death; (11) the word "moderate" should not be used to describe the degree of pain needed before opioids are utilized/prescribed because it implies that the FDA determined that opioids are

safe and effective for long-term use; (12) patients in pain should be assessed by prescribers not only by their rating on a categorical pain intensity scale, but also based on a more thoughtful determination that their pain – however it may be defined – is severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternate treatment options are inadequate; (13) the need for maximum duration guidelines/recommendations; (14) the need for maximum daily dosage guidelines/recommendations; (15) the relationship between increasing opioid dosage and risk of certain adverse events such as overdose and death; (16) withdrawal systems being more severe than previously believed/anticipated/warned; (17) prescribers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment in a physically dependent patient; (18) users/consumers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment if they are physically dependent; and (19) the ineffectiveness of so-called abuse-deterrent properties (e.g., new coating designed to make drugs difficult to crush to prevent snorting and injection, the addition of certain elements intended to make the drugs unsuitable for injection, etc.).

315. The Brand-Name Manufacturer Defendants wantonly and intentionally failed to unilaterally change their warning labels through the CBE process as required by law which proximately caused and/or contributed to **BROCKEL's** injuries and death. Therefore, they are guilty of wantonness.

316. As outlined in the section above titled "The Brand-Name Manufacturer Defendants are Liable for the Generic Versions of their Drugs", the Brand-Name Manufacturer Defendants have a duty to warn of the risks which it knew or reasonably should have known, regardless of whether the consumer (including **BROCKEL**) is prescribed the brand-name drug or its competitors' generic bioequivalent. The Brand-Name Manufacturer Defendants are liable for the generic versions of their opioids because they intentionally failed to update warning

labels for their drugs despite knowing the risks. Therefore, the Brand-Name Manufacturer Defendants are liable for wantonness.

317. As stated in the "Conspiracy between the Generic & Brand-Name Manufacturers" section above, the Generic Manufacturer Defendants colluded with the Brand-Name Manufacturer Defendants to cause the Brand-Name Manufacturer Defendants not to update their warning labels despite knowing the risks. Therefore, the Generic Manufacturer Defendants are liable for wantonness along with the Brand-Name Manufacturer Defendants.

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** for compensatory and punitive damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

D. FOURTH CAUSE OF ACTION (AGAINST THE BRAND-NAME AND GENERIC MANUFACTURER DEFENDANTS)
Alabama Extended Manufacturer's Liability Doctrine

318. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 317 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

319. Defendants' Schedule II opioids are products that are unreasonably dangerous to the ultimate user or consumer including **BROCKEL**.

320. **BROCKEL's** injuries and ultimate death were proximately caused by the Brand-Name and Generic Manufacturer Defendants who sold and/or distributed opioids in a defective condition that made them unreasonably dangerous to **BROCKEL** as the ultimate user and consumer. The Brand-Name and Generic Manufacturer Defendants were engaged in the

business of selling and/or distributing opioids, and their drugs were expected to, and did, reach **BROCKEL** without substantial change in the condition in which they were sold and/or distributed.

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** for compensatory damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

E. FIFTH CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Fraud & Misrepresentation

321. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 320 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

322. In this Complaint, **PLAINTIFF** has sufficiently stated the circumstances constituting fraud with particularity as required by Rule 9(b) of the A.R.C.P. This includes, but is not limited to, in the following sections: "Background/Facts – Brand Name & Generic Manufacturer Defendants", "Conspiracy between the Generic & Brand-Name Manufacturer Defendants", "Background/Facts – Provider Defendants", "The Brand-Name Manufacturer Defendants' Aggressive Marketing Efforts are Inconsistent with their FDA-Approved Labels" and "The Brand-Name Manufacturer Defendants are Liable for the Generic Versions of Their Drugs". These sections are incorporated herein by reference.

323. As stated in the Committee Comments, Rule 9(b) of the A.R.C.P. "does not require every element in such actions to be stated with particularity. It simply commands the

pleader to use more than generalized or conclusory statements to set out the fraud complained of."

324. As alleged herein, Defendants made false representations and concealed material facts about their opioids. As stated in the "Background/Facts – Brand Name & Generic Manufacturer Defendants" section, the Brand-Name and Generic Manufacturer Defendants:

- misrepresented the truth about how opioids lead to addiction;
- misrepresented that opioids improve function;
- misrepresented that addiction risk can be managed;
- misled doctors (including **COUCH** & **TARABEIN**) and patients (including **BROCKEL**) through the use of misleading terms like "pseudoaddiction";
- falsely claimed that withdrawal is simply managed;
- misrepresented that increased doses pose no significant additional risks;
- falsely omitted or minimized the adverse effects of opioids and overstated the risks of alternative forms of pain treatment.

325. From the time **BROCKEL** began taking the Brand-Name and Generic Manufacturer Defendants' opioids in 2004 until his death on August 7, 2017, the Brand-Name and Generic Manufacturer Defendants intentionally and fraudulently downplayed/discounted the addictive nature of their opioids and the seriousness of withdrawal symptoms. Said wrongful conduct caused **BROCKEL** to become extremely addictive to the Brand-Name and Generic Manufacturer Defendants' opioids. In addition, said wrongful conduct proximately caused and/or contributed to the severe and debilitating withdrawal symptoms that **BROCKEL** experienced which ultimately caused him to commit suicide on August 7, 2017.

326. The Brand-Name and Generic Manufacturer Defendants made misrepresentations and failed to disclose material facts to physicians (including **COUCH** and **TARABEIN**) and

consumers (including **BROCKEL**) throughout the United States, to induce the physicians to prescribe and administer, and consumers to purchase and consume, opioids as set forth herein.

327. Defendants committed fraud by misrepresenting and/or concealing the harmful effects and addictiveness of the opioids that were manufactured, marketed, promoted, sold, distributed, and/or prescribed by Defendants and consumed by **BROCKEL**. Defendants fraudulently misrepresented that the opioids were effective for long term treatment of chronic pain, and that they should be prescribed for long term use.

328. The Brand-Name and Generic Manufacturer Defendants exaggerated the benefits of the medication and knew the drugs were being overprescribed, yet failed to warn doctors (including **COUCH** and **TARABEIN**) and others (including **BROCKEL**) of the extremely addictive nature of the narcotics and the need to strictly limit the dose. In addition, the Brand-Name and Generic Manufacturer Defendants knowingly and/or recklessly supplied opioids to suspicious physicians (including **COUCH** and **TARABEIN**) and pharmacies (including **C&R**) to maximize profits.

329. The Brand-Name and Generic Manufacturer Defendants lobbied politicians and doctors (including **COUCH** and **TARABEIN**) in an effort to artificially increase the use of opioids.

330. After the opiates and labels were initially approved by the FDA but before **BROCKEL's** death on August 7, 2017, the Brand-Name Manufacturer Defendants possessed "newly acquired information" that required them to unilaterally change the labeling through the CBE process without prior FDA approval. Said "newly acquired information" includes, but is not limited to, the following: (1) opioids only being effective for the treatment of short-term post-surgical and trauma-related pain, and for palliative end-of-life care; (2) inadequate studies/testing/clinical trials/science to support opioid treatment for chronic pain lasting longer

than 12 weeks; (3) prescribers and consumers of opioids being under the false impression that opioids have been proven safe and effective for the treatment of chronic pain; (4) individuals taking opioids for longer than 12 weeks develop tolerance which results in loss of analgesic effects; (5) voluminous reports of incidences of opioid related overdoses, injuries and deaths; (6) addiction and dependence risks being more severe than previously believed/anticipated/warned; (7) extended release/long-acting ("ER/LA") opioids not being effective for up to 12 hours; (8) extended release/long-acting ("ER/LA") and immediate release ("IR") opioids should only be used when alternate treatments (e.g., non-opioid analgesics or opioid combination products, acupuncture, physical therapy, etc.) are inadequate or not tolerated because of the serious risks of the drugs; (9) there should be greater emphasis and prominence in labels regarding the risks of opioid addiction, abuse and misuse which can lead to overdose and death; (10) that prescribers need to be urged to assess each patient's risk before prescribing, and to monitor all patients regularly for the development of opioid addiction, abuse and misuse which can lead to overdose and death; (11) the word "moderate" should not be used to describe the degree of pain needed before opioids are utilized/prescribed because it implies that the FDA determined that opioids are safe and effective for long-term use; (12) patients in pain should be assessed by prescribers not only by their rating on a categorical pain intensity scale, but also based on a more thoughtful determination that their pain – however it may be defined – is severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternate treatment options are inadequate; (13) the need for maximum duration guidelines/recommendations; (14) the need for maximum daily dosage guidelines/recommendations; (15) the relationship between increasing opioid dosage and risk of certain adverse events such as overdose and death; (16) withdrawal systems being more severe than previously believed/anticipated/warned; (17) prescribers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment in a

physically dependent patient; (18) users/consumers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment if they are physically dependent; and (19) the ineffectiveness of so-called abuse-deterrent properties (e.g., new coating designed to make drugs difficult to crush to prevent snorting and injection, the addition of certain elements intended to make the drugs unsuitable for injection, etc.).

331. The Brand-Name Manufacturer Defendants intentionally failed to unilaterally change their warning labels through the CBE process as required by law which proximately caused and/or contributed to **BROCKEL's** injuries and death. Therefore, they are guilty of fraud.

332. As outlined in the section above titled "The Brand-Name Manufacturer Defendants are Liable for the Generic Versions of their Drugs", the Brand-Name Manufacturer Defendants have a duty to warn of the risks which it knew or reasonably should have known, regardless of whether the consumer (including **BROCKEL**) is prescribed the brand-name drug or its competitors' generic bioequivalent. The Brand-Name Manufacturer Defendants are liable for the generic versions of their opioids because they intentionally failed to update warning labels for their drugs despite knowing the risks. Therefore, said Defendants are liable for fraud.

333. As stated in the "Conspiracy between the Generic & Brand-Name Manufacturers" section above, the Generic Manufacturer Defendants committed fraud by colluding/conspiring with the Brand-Name Manufacturer Defendants to cause the Brand-Name Manufacturer Defendants not to update their warning labels despite knowing the risks. Therefore, the Generic Manufacturer Defendants are liable for fraud along with the Brand-Name Manufacturer Defendants.

334. The Brand-Name and Generic Manufacturer Defendants' false representations and omissions were material, and were made and omitted intentionally or recklessly.

335. The Brand-Name and Generic Manufacturer Defendants intended that physicians (including **COUCH** and **TARABEIN**) and consumers (including **BROCKEL**) would rely upon their misrepresentations and omissions.

336. Physicians (including **COUCH** and **TARABEIN**) and consumers (including **BROCKEL**) reasonably relied on the Brand-Name and Generic Manufacturer Defendants' misrepresentations and omissions. Physicians prescribed and administered, and consumers purchased and consumed, opioids as set forth herein.

337. In addition to the above, **TEVA** and **CEPHALON** committed fraud and misrepresentation by marketing and promoting Fentora/Fentanyl for off label uses. In 2006, the FDA approved Fentora/Fentanyl for the management of pain in **cancer** patients who were already receiving, and who were tolerant to, opioid therapy for their underlying persistent cancer related pain. Notwithstanding the fact that Fentora/Fentanyl was supposed to be used to treat cancer patients, it was marketed and promoted by **TEVA** and **CEPHALON** for other uses such as to treat chronic pain like **BROCKEL** experienced. This was improper and was done to maximize the profits of **TEVA** and **CEPHALON**.

338. Since the FDA has never approved Fentora/Fentanyl for the management of pain in non-cancer patients, labeling/preemption related defenses are not available to **TEVA** and **CEPHALON**.

339. In addition, **PLAINTIFF** is not seeking to bring a private cause of action against **TEVA** and **CEPHALON** under the FDCA, but rather is seeking to use their violations as evidence to support the fraud/misrepresentation claims. Defendants violated their duties because they promoted a use of Fentora/fentanyl that was in violation of Alabama law, not merely because the use they promoted was off-label. Under Alabama law, every drug manufacturer has

a duty to ensure its products are reasonably safe for consumers. Therefore, **PLAINTIFF's** action is not impliedly preempted by the FDCA.

340. Defendants **COUCH** and **TARABEIN** routinely charged for procedures that were not done in order to maximize profits. For example, during **TARABEIN's** treatment of **BROCKEL**, it appears that **TARABEIN** routinely charged him for epidural blocks even though he was only providing trigger point injections. On information and belief, **TARABEIN** did same to maximize profits which defrauded **BROCKEL**, BCBS of AL, and Medicare.

341. Moreover, **COUCH** and **TARABEIN** committed fraud/misrepresentation by doing the following: prescribing drugs to **BROCKEL** without medical necessity or justification to make a profit; conducting unnecessary procedures; submitting improper charges for goods, services and procedures not actually performed; submitting improper charges for goods, services and procedures not medically necessary; billing for physician office visits when **BROCKEL** was only seen by staff; re-using epidural needles and/or needles in radio frequency machines; and receiving illegal kickbacks and referral payments from pharmaceutical companies, distributors and/or other third parties.

342. The aforementioned actions were misrepresentations of material facts made willfully to deceive, or recklessly without knowledge, and were acted on by **BROCKEL**. Accordingly, Defendants are liable for fraud and misrepresentation pursuant to Alabama Code §6-5-100 and §6-5-101 (1975).

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** for

compensatory and punitive damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

F. SIXTH CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Suppression & Concealment

343. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 342 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

344. Defendants committed fraud by suppressing and/or concealing the harmful effects and addictiveness of the opioids that were manufactured, marketed, promoted, sold, distributed, and/or prescribed by Defendants and consumed by **BROCKEL**. Defendants misrepresented that the opioids were effective for long term treatment of chronic pain, and that they should be prescribed for long term use.

345. From the time **BROCKEL** began taking the Brand-Name and Generic Manufacturer Defendants' opioids in 2004 until his death on August 7, 2017, the Brand-Name and Generic Manufacturer Defendants suppressed/concealed the addictive nature of their opioids and the seriousness of withdrawal symptoms. Said wrongful conduct caused **BROCKEL** to become extremely addictive to the Brand-Name and Generic Manufacturer Defendants' opioids. In addition, said wrongful conduct proximately caused and/or contributed to the severe and debilitating withdrawal symptoms that **BROCKEL** experienced which ultimately caused him to commit suicide on August 7, 2017.

346. After the opiates and labels were initially approved by the FDA but before **BROCKEL's** death on August 7, 2017, the Brand-Name Manufacturer Defendants possessed "newly acquired information" that required them to unilaterally change the labeling through the CBE process without prior FDA approval. Said "newly acquired information" includes, but is

not limited to, the following: (1) opioids only being effective for the treatment of short-term post-surgical and trauma-related pain, and for palliative end-of-life care; (2) inadequate studies/testing/clinical trials/science to support opioid treatment for chronic pain lasting longer than 12 weeks; (3) prescribers and consumers of opioids being under the false impression that opioids have been proven safe and effective for the treatment of chronic pain; (4) individuals taking opioids for longer than 12 weeks develop tolerance which results in loss of analgesic effects; (5) voluminous reports of incidences of opioid related overdoses, injuries and deaths; (6) addiction and dependence risks being more severe than previously believed/anticipated/warned; (7) extended release/long-acting ("ER/LA") opioids not being effective for up to 12 hours; (8) extended release/long-acting ("ER/LA") and immediate release ("IR") opioids should only be used when alternate treatments (e.g., non-opioid analgesics or opioid combination products, acupuncture, physical therapy, etc.) are inadequate or not tolerated because of the serious risks of the drugs; (9) there should be greater emphasis and prominence in labels regarding the risks of opioid addiction, abuse and misuse which can lead to overdose and death; (10) that prescribers need to be urged to assess each patient's risk before prescribing, and to monitor all patients regularly for the development of opioid addiction, abuse and misuse which can lead to overdose and death; (11) the word "moderate" should not be used to describe the degree of pain needed before opioids are utilized/prescribed because it implies that the FDA determined that opioids are safe and effective for long-term use; (12) patients in pain should be assessed by prescribers not only by their rating on a categorical pain intensity scale, but also based on a more thoughtful determination that their pain – however it may be defined – is severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternate treatment options are inadequate; (13) the need for maximum duration guidelines/recommendations; (14) the need for maximum daily dosage guidelines/recommendations; (15) the relationship between increasing

opioid dosage and risk of certain adverse events such as overdose and death; (16) withdrawal systems being more severe than previously believed/anticipated/warned; (17) prescribers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment in a physically dependent patient; (18) users/consumers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment if they are physically dependent; and (19) the ineffectiveness of so-called abuse-deterrent properties (e.g., new coating designed to make drugs difficult to crush to prevent snorting and injection, the addition of certain elements intended to make the drugs unsuitable for injection, etc.).

347. The Brand-Name Manufacturer Defendants suppressed/concealed the aforementioned information and failed to unilaterally change their warning labels through the CBE process as required by law which proximately caused and/or contributed to **BROCKEL's** injuries and death. Therefore, they are guilty of suppression/concealment.

348. The Generic Manufacturer Defendants are also guilty of suppression/concealment by colluding/conspiring with the Brand-Name Manufacturer Defendants to cause the Brand-Name Manufacturer Defendants not to update their warning labels despite knowing the risks. *See* the "Conspiracy between the Generic & Brand-Name Manufacturer's" section above. Therefore, the Generic Manufacturer Defendants are liable for suppression/concealment along with the Brand-Name Manufacturer Defendants.

349. Said suppression/concealment of material facts was in violation of Alabama Code §6-5-102 (1975), and tolled the applicable statutes of limitations regarding the Causes of Action alleged herein.

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE,**

PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y and **Z** for compensatory and punitive damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

G. SEVENTH CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Deceit

350. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 349 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

351. Defendants deceived **BROCKEL** regarding the harmful effects and addictiveness of the opioids that were manufactured, marketed, promoted, sold, distributed, and/or prescribed by Defendants and consumed by **BROCKEL**. Defendants misrepresented that the opioids were effective for long term treatment of chronic pain, and that they should be prescribed for long term use.

352. From the time **BROCKEL** began taking the Brand-Name and Generic Manufacturer Defendants' opioids in 2004 until his death on August 7, 2017, the Brand-Name and Generic Manufacturer Defendants deceptively downplayed/discounted the addictive nature of their opioids and the seriousness of withdrawal symptoms. Said wrongful conduct caused **BROCKEL** to become extremely addictive to the Brand-Name and Generic Manufacturer Defendants' opioids. In addition, said wrongful conduct proximately caused and/or contributed to the severe and debilitating withdrawal symptoms that **BROCKEL** experienced which ultimately caused him to commit suicide on August 7, 2017.

353. After the opiates and labels were initially approved by the FDA but before **BROCKEL's** death on August 7, 2017, the Brand-Name Manufacturer Defendants possessed "newly acquired information" that required them to unilaterally change the labeling through the

CBE process without prior FDA approval. Said "newly acquired information" includes, but is not limited to, the following: (1) opioids only being effective for the treatment of short-term post-surgical and trauma-related pain, and for palliative end-of-life care; (2) inadequate studies/testing/clinical trials/science to support opioid treatment for chronic pain lasting longer than 12 weeks; (3) prescribers and consumers of opioids being under the false impression that opioids have been proven safe and effective for the treatment of chronic pain; (4) individuals taking opioids for longer than 12 weeks develop tolerance which results in loss of analgesic effects; (5) voluminous reports of incidences of opioid related overdoses, injuries and deaths; (6) addiction and dependence risks being more severe than previously believed/anticipated/warned; (7) extended release/long-acting ("ER/LA") opioids not being effective for up to 12 hours; (8) extended release/long-acting ("ER/LA") and immediate release ("IR") opioids should only be used when alternate treatments (e.g., non-opioid analgesics or opioid combination products, acupuncture, physical therapy, etc.) are inadequate or not tolerated because of the serious risks of the drugs; (9) there should be greater emphasis and prominence in labels regarding the risks of opioid addiction, abuse and misuse which can lead to overdose and death; (10) that prescribers need to be urged to assess each patient's risk before prescribing, and to monitor all patients regularly for the development of opioid addiction, abuse and misuse which can lead to overdose and death; (11) the word "moderate" should not be used to describe the degree of pain needed before opioids are utilized/prescribed because it implies that the FDA determined that opioids are safe and effective for long-term use; (12) patients in pain should be assessed by prescribers not only by their rating on a categorical pain intensity scale, but also based on a more thoughtful determination that their pain – however it may be defined – is severe enough to require daily, around-the-clock, long-term opioid treatment, and for which alternate treatment options are inadequate; (13) the need for maximum duration guidelines/recommendations; (14) the need for

maximum daily dosage guidelines/recommendations; (15) the relationship between increasing opioid dosage and risk of certain adverse events such as overdose and death; (16) withdrawal systems being more severe than previously believed/anticipated/warned; (17) prescribers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment in a physically dependent patient; (18) users/consumers should be warned/notified (or better warned/notified) not to abruptly stop opioid treatment if they are physically dependent; and (19) the ineffectiveness of so-called abuse-deterrent properties (e.g., new coating designed to make drugs difficult to crush to prevent snorting and injection, the addition of certain elements intended to make the drugs unsuitable for injection, etc.).

354. The Brand-Name Manufacturer Defendants intentionally and deceptively failed to unilaterally change their warning labels through the CBE process as required by law which proximately caused and/or contributed to **BROCKEL's** injuries and death. Therefore, they are guilty of deceit.

355. As outlined in the section above titled "The Brand-Name Manufacturer Defendants are Liable for the Generic Versions of their Drugs", the Brand-Name Manufacturer Defendants have a duty to warn of the risks which it knew or reasonably should have known, regardless of whether the consumer (including **BROCKEL**) is prescribed the brand-name drug or its competitors' generic bioequivalent. The Brand-Name Manufacturer Defendants are liable for the generic versions of their opioids because they intentionally and deceptively failed to update warning labels for their drugs despite knowing the risks. Therefore, said Defendants are liable for deceit.

356. As stated in the "Conspiracy between the Generic & Brand-Name Manufacturers" section above, the Generic Manufacturer Defendants deceptively colluded/conspired with the Brand-Name Manufacturer Defendants to cause the Brand-Name Manufacturer Defendants not

to update their warning labels despite knowing the risks. Therefore, the Generic Manufacturer Defendants are liable for deceit along with the Brand-Name Manufacturer Defendants.

357. These actions were willful misrepresentations of material facts made to induce **BROCKEL** to act, and which he did causing his injuries and death. Accordingly, Defendants are liable for deceit pursuant to Alabama Code §6-5-103 (1975).

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** for compensatory and punitive damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

H. EIGHTH CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Unjust Enrichment

358. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 357 as if fully set out herein. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

359. Defendants have been unjustly enriched as a result of their wrongful actions as outlined herein. Defendants should not be able to retain the profits made by their wrongful actions.

360. Defendants have retained and continue to retain the benefits conferred upon them as a result of their unlawful conduct and to the detriment of **BROCKEL** and **PLAINTIFF**. Defendants' retention of the benefits is unjust.

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH,**

ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y and **Z** for compensatory and punitive damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

I. NINTH CAUSE OF ACTION (AGAINST ALL DEFENDANTS)
Civil Conspiracy

361. **PLAINTIFF** adopts by reference all allegations contained in paragraphs 1 through 360 as if fully set out herein including the "Conspiracy between the Generic & Brand-Name Manufacturers" section. **PLAINTIFF** is exclusively pleading causes of action under Alabama Law, and pleads no Federal Law causes of action.

362. Defendants conspired to suppress and/or conceal the harmful effects and addictiveness of the opioids that were manufactured, marketed, promoted, sold, distributed, and/or prescribed by Defendants and consumed by **BROCKEL**.

363. As stated in the "Conspiracy between the Generic & Brand-Name Manufacturers" section above, the Generic Manufacturer Defendants colluded/conspired with the Brand-Name Manufacturer Defendants to cause the Brand-Name Manufacturer Defendants not to update their warning labels despite knowing the risks. Therefore, the Generic Manufacturer Defendants are liable along with the Brand-Name Manufacturer Defendants.

364. Defendants entered into a conspiracy to engage in the wrongful conduct complained of herein, and intended to benefit both independently and jointly from their conspiratorial enterprise.

365. The Brand-Name and Generic Manufacturer Defendants reached an agreement between themselves to set up, develop, and fund an unbranded promotion and marketing network to promote the use of opioids for the management of pain in order to mislead physicians

(including **COUCH & TARABEIN)**, patients (including **BROCKEL)** and healthcare providers through misrepresentations or omissions regarding the appropriate uses, risks and safety of opioids.

366. This network is interconnected and interrelated, and relied upon the Brand-Name and Generic Manufacturer Defendants' collective use of and reliance upon unbranded marketing materials, such as KOLs, scientific literature, CMEs, patient education materials, and Front Groups. These materials were developed and funded collectively by the Brand-Name and Generic Manufacturer Defendants, and they relied upon the materials to intentionally mislead consumers (including **BROCKEL**) and medical providers (including **COUCH & TARABEIN**) of the appropriate uses, risks and safety of opioids.

367. By knowingly misrepresenting the appropriate uses, risks, and safety of opioids, Defendants committed overt acts in furtherance of their conspiracy.

368. The aforementioned actions, suppression and concealment constitute conspiracy.

WHEREFORE, **PLAINTIFF** demands judgment against Defendants **COUCH, TARABEIN, PPSA, C&R, ESNC, PURDUE PHARMA, PFIZER, ENDO, KVK-TECH, ZYDUS, NESHER, WATSON, MALLINCKRODT, WEST-WARD, ACTAVIS, ROXANE, PAR, RHODES, TEVA, CEPHALON, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y** and **Z** for compensatory and punitive damages in an amount in excess of the minimum jurisdictional limit of this Court, as well as such other and further relief as the Court may deem just and proper.

PLAINTIFF RESPECTFULLY DEMANDS TRIAL BY JURY

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that I have on December 5, 2018, electronically filed the foregoing with the Clerk of the Court using the CM/ECF System which will automatically serve the same via electronic mail and/or by placing same in the United States mail, first class postage prepaid, and properly addressed to the following:

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Office of the Attorney General
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P.O. Box 300152
Montgomery, AL 36130-0152

DAVID A. BUSBY

EXHIBIT 1

THE STATE OF ALABAMA **COURT OF PROBATE**

COUNTY OF MOBILE **CASE NO. 2017-1954**

RE: BRUCE RUSSELL BROCKEL, DECEASED

LETTERS OF ADMINISTRATION

Letters of Administration of the Estate of BRUCE RUSSELL BROCKEL, are hereby granted to DONNA J BROCKEL, who has duly qualified and given bond as such Personal Representative and is authorized to administer such estate with authority to take actions as set forth in §43-2-830, et seq. (1975). The powers and duties of said Personal Representative specifically include, but are not limited to, gathering and retaining estate assets, preparing an inventory of estate assets, paying taxes, uncontested claims, fees, and expenses, including court costs, incident to the administration of the estate. The authority of the Personal Representative is restricted as follows:

Restrictions:

(1) With the exception of wrongful death matters, the Personal Representative shall not distribute any monies or estate assets to heirs, legatees, and/or beneficiaries resulting from litigation or settlement of litigation without prior Court approval.
(2) Personal Representative must immediately report to the Court the receipt of any monies or assets which were not reported in the initial inventory and/or are received while these Letters are in effect.

Ordered this 19th day of October, 2017.

DON DAVIS, Judge of Probate

CERTIFIED COPY
DON DAVIS, JUDGE OF PROBATE
MOBILE COUNTY, ALABAMA

By: _____
C. MARK ERWIN, Chief Clerk

EXHIBIT 2

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

RUN DATE: 11/03/2017 TIME: 09:01:48
Request NBR: 3639613

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DEGEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
783933	0	00093444301	GABAPENTIN 600 MG TABLET TEV	JANUSH, RACHE B	03/23/2010	75	6.00	23635	100825002827003998
783933	1	00093444301	GABAPENTIN 600 MG TABLET TEV	JANUSH, RACHE B	04/22/2010	75	6.00	23635	101124424220009999
783933	2	00093444301	GABAPENTIN 600 MG TABLET TEV	JANUSH, RACHE B	06/21/2010	75	155.99	1	** NO AUTH NO
783934	0	00378115001	BUSPIRONE HCL 10 MG TABLET MYL	JANUSH, RACHE B	03/23/2010	120	6.00	23635	100825010043009988
783934	1	00378115001	BUSPIRONE HCL 10 MG TABLET MYL	JANUSH, RACHE B	04/22/2010	120	6.00	23635	101124424019001999
783935	0	00054457125	METHADONE HCL 10 MG TABLET ROX	JANUSH, RACHE B	03/23/2010	240	12.00	23635	100825016947005998
783936	0	00591093201	OXYCODONE-APAP 10-325 MG TAWAT	JANUSH, RACHE B	03/23/2010	45	6.00	23635	100825028054010999
783946	0	59762491005	SERTRALINE HCL 100 MG TABLEGRE	JANUSH, RACHE B	03/23/2010	60	3.00	23635	100825320809007998
783946	1	59762491005	SERTRALINE HCL 100 MG TABLEGRE	JANUSH, RACHE B	04/22/2010	60	3.00	23635	101124423603007999
783946	2	59762491005	SERTRALINE HCL 100 MG TABLEGRE	JANUSH, RACHE B	06/05/2010	60	3.00	23635	101566378273001999
788365	0	00093007401	ZOLPIDEM TARTRATE 10 MG TABTEV	JANUSH, RACHE B	04/19/2010	30	4.84	23635	101094271137005999
788405	0	00591093201	OXYCODONE-APAP 10-325 MG TAWAT	JANUSH, RACHE B	04/19/2010	45	6.00	23635	101094832763001999
788980	0	00054457125	METHADONE HCL 10 MG TABLET ROX	JANUSH, RACHE B	04/22/2010	240	12.00	23635	101124453628002996
792081	0	00378115001	BUSPIRONE HCL 10 MG TABLET MYL	JANUSH, RACHE B	05/11/2010	180	6.00	23635	101315105012006999
792081	1	00378115001	BUSPIRONE HCL 10 MG TABLET MYL	JANUSH, RACHE B	06/25/2010	180	6.00	23635	101763250362003999
792081	2	00378115001	BUSPIRONE HCL 10 MG TABLET	JANUSH, RACHE B	08/02/2010	180	6.00	23635	102146620258005999
792081	3	00378115001	BUSPIRONE HCL 10 MG TABLET	JANUSH, RACHE B	08/29/2010	180	6.00	23635	102410099586004999
792081	4	00378115001	BUSPIRONE HCL 10 MG TABLET	JANUSH, RACHE B	09/28/2010	180	6.00	23635	102710097160002999
792081	5	00378115001	BUSPIRONE HCL 10 MG TABLET	JANUSH, RACHE B	11/27/2010	180	6.00	23635	103310154777002999
792082	0	00024552131	AMBIEN CR 12.5 MG TABLET SAN	JANUSH, RACHE B	05/11/2010	30	60.00	23635	101315118895001999
792083	0	00093444301	GABAPENTIN 600 MG TABLET TEV	JANUSH, RACHE B	05/11/2010	90	6.00	23635	101315137303003999
792499	0	00054457125	METHADONE HCL 10 MG TABLET ROX	JANUSH, RACHE B	05/13/2010	350	87.59	1	** NO AUTH NO
795876	0	00093007401	ZOLPIDEM TARTRATE 10 MG TABTEV	JANUSH, RACHE B	06/03/2010	30	4.84	23635	101545262005002999
800621	0	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	JANUSH, RACHE B	07/01/2010	30	4.84	23635	101826005695010999
800621	1	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	JANUSH, RACHE B	08/02/2010	30	4.84	23635	102146620505008999
800621	2	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	JANUSH, RACHE B	09/01/2010	30	4.84	23635	102445427939008999
800623	0	59762491005	SERTRALINE HCL 100 MG TABLET	JANUSH, RACHE B	07/01/2010	60	3.00	23635	101826058945008999
800623	1	59762491005	SERTRALINE HCL 100 MG TABLET	JANUSH, RACHE B	07/31/2010	60	3.00	23635	102127394966009999
800623	2	59762491005	SERTRALINE HCL 100 MG TABLET	JANUSH, RACHE B	08/29/2010	60	3.00	23635	102413963988009999
800623	3	59762491005	SERTRALINE HCL 100 MG TABLET	JANUSH, RACHE B	10/01/2010	60	3.00	23635	102744457832007999
800623	4	59762491005	SERTRALINE HCL 100 MG TABLET	JANUSH, RACHE B	11/02/2010	60	3.00	23635	103063767154007999
800623	5	59762491005	SERTRALINE HCL 100 MG TABLET	JANUSH, RACHE B	12/02/2010	60	3.00	23635	103365427268002999
801446	0	00093310905	AMOXICILLIN 500 MG CAPSULE	DEVANEY, JAMES O	07/07/2010	21	5.36	23635	101886715570003999
801447	0	00603388728	HYDROCODONE-APAP 10-325 TABLET	DEVANEY, JAMES O	07/07/2010	60	6.00	23635	101886725226004999
803302	0	00093310905	AMOXICILLIN 500 MG CAPSULE	DICKERSON, MARY	07/19/2010	21	5.36	23635	102004829563008999
808804	0	00093444301	GABAPENTIN 600 MG TABLET	JANUSH, RACHE B	08/20/2010	90	6.00	23635	102326747813009999
808804	1	00093444301	GABAPENTIN 600 MG TABLET	JANUSH, RACHE B	09/16/2010	90	6.00	23635	102593977578008999
808804	2	00093444301	GABAPENTIN 600 MG TABLET	JANUSH, RACHE B	10/13/2010	90	6.00	23635	102864580208001999
808804	3	00093444301	GABAPENTIN 600 MG TABLET	JANUSH, RACHE B	11/18/2010	90	6.00	23635	103224649274005999
810024	0	59310057920	PROAIR HFA 90 MCG INHALER	INFIRMARY, WEST	08/28/2010	9	35.00	23635	102405590058004999

211000002

3639613

DOCUMENT 424

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511 [redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
810026	0	59746000103	METHYLPREDNISOLONE 4 MG	INFIRMARY, WEST	08/28/2010	21	5.11	23635	102405678136009999
810027	0	00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	TYON, WARRE G	08/28/2010	20	3.76	23635	102405752557003996
813234	0	00378401001	TEMAZEPAM 15 MG CAPSULE	JANUSH, RACHE B	09/16/2010	30	11.99	1	
813234	1	00378401001	TEMAZEPAM 15 MG CAPSULE	JANUSH, RACHE B	10/21/2010	30	11.99	1	
814356	0	00591093201	OXYCODONE-APAP 10-325 MG TAB	JANUSH, RACHE B	09/23/2010	30	6.00	23635	102664537368001999
814362	0	00054457125	METHADONE HCL 10 MG TABLET	JANUSH, RACHE B	09/23/2010	300	6.00	23635	102664636323002999
815787	0	00173068220	VENTOLIN HFA 90 MCG INHALER	MITCHELL, BARBA	10/01/2010	18	33.61	23635	102744620501005999
815787	1	00173068220	VENTOLIN HFA 90 MCG INHALER	MITCHELL, BARBA	04/12/2011	18	36.31	23635	111026706139010999
815787	2	00173068220	VENTOLIN HFA 90 MCG INHALER	MITCHELL, BARBA	05/10/2011	18	36.31	23635	111304336364029999
815789	0	00054327099	FLUTICASONE PROP 50 MCG SPRAY	MITCHELL, BARBA	10/01/2010	16	6.00	23635	102744649966009999
815789	1	00054327099	FLUTICASONE PROP 50 MCG SPRAY	MITCHELL, BARBA	12/28/2010	16	6.00	23635	103625595123010999
815789	2	00054327099	FLUTICASONE PROP 50 MCG SPRAY	MITCHELL, BARBA	04/12/2011	16	7.00	23635	111026708134006999
815789	3	00054327099	FLUTICASONE PROP 50 MCG SPRAY	MITCHELL, BARBA	07/20/2011	16	7.00	23635	112014373180030999
815790	0	66993010902	FEXOFENADINE HCL 180 MG TABLET	MITCHELL, BARBA	10/01/2010	30	6.00	23635	102744653473010999
815790	1	66993010902	FEXOFENADINE HCL 180 MG TABLET	MITCHELL, BARBA	11/02/2010	30	6.00	23635	103063756234010999
815790	2	66993010902	FEXOFENADINE HCL 180 MG TABLET	MITCHELL, BARBA	11/23/2010	30	6.00	23635	103270192798005999
815790	3	55111019401	FEXOFENADINE HCL 180 MG TABLET	MITCHELL, BARBA	12/28/2010	30	6.00	23635	103625591345010998
815791	0	68180030360	CEFUROXIME AXETIL 500 MG TAB	MITCHELL, BARBA	10/01/2010	14	6.00	23635	102744656705010999
816114	0	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	JANUSH, RACHE B	10/04/2010	30	4.84	23635	102774140901010999
816114	1	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	JANUSH, RACHE B	11/02/2010	30	4.84	23635	103063769134009999
816114	2	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	JANUSH, RACHE B	12/02/2010	30	4.84	23635	103365426998006999
821839	0	00378699052	ALBUTEROL 0.083% INHAL SOLN	MITCHELL, BARBA	11/07/2010	75	16.09	1	
822630	0	00591093201	OXYCODONE-ACETAMINOPHEN	JANUSH, RACHE B	11/11/2010	100	6.00	23635	103155181366009999
827405	0	00406052301	OXYCODONE-ACETAMINOPHEN	MITCHELL, BARBA	12/10/2010	28	6.00	23635	103446580627008999
827406	0	00378699052	ALBUTEROL 0.083% INHAL SOLN	MITCHELL, BARBA	12/13/2010	75	16.09	22415	0000754452830 1
827407	0	00378400505	ALPRAZOLAM 1 MG TABLET	MITCHELL, BARBA	12/10/2010	60	10.68	27165	3302948566
827407	1	00378400505	ALPRAZOLAM 1 MG TABLET	MITCHELL, BARBA	01/14/2011	60	10.68	27165	3327235193
827407	2	00378400505	ALPRAZOLAM 1 MG TABLET	MITCHELL, BARBA	02/16/2011	60	10.68	27165	3347454281
828060	0	00603388728	HYDROCODON-ACETAMINOPHN	JANUSH, RACHE B	12/15/2010	28	6.00	23635	103495270028003999
829158	0	00591374001	MORPHINE SULF ER 15 MG TABLET	JANUSH, RACHE B	12/21/2010	90	6.00	23635	103556885286005999
829159	0	00054457125	METHADONE HCL 10 MG TABLET	JANUSH, RACHE B	12/21/2010	240	12.00	23635	103556895109001998
829160	0	00093444401	GABAPENTIN 800 MG TABLET	JANUSH, RACHE B	12/21/2010	90	12.00	23635	103556906207007999
833982	0	00591374001	MORPHINE SULF ER 15 MG TABLET	JANUSH, RACHE B	01/21/2011	90	7.00	23635	110214733041017999
845083	0	00603646921	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	03/28/2011	30	4.86	23635	110874353557010998
845083	1	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	04/28/2011	30	4.86	23635	111183762548007999
845084	0	00591374101	MORPHINE SULF ER 30 MG TABLET	COUCH, JOHN P	03/28/2011	90	7.00	23635	110874363583020998
845085	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	03/28/2011	90	7.00	23635	110874376042014999
849056	0	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, JOHN P	04/21/2011	30	13.59	22415	0000871837640 1
849057	0	00603388821	HYDROCODON-ACETAMINOPHN	COUCH, JOHN P	04/21/2011	15	4.08	23635	111114804792010999
849881	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	04/27/2011	90	7.00	23635	111173943766017999

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CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

RUN DATE: 11/03/2017 TIME: 09:01:48
Request NBR: 3639613

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
849882	0	60951065370	MORPHINE SULF ER 30 MG TABLET	COUCH, JOHN P	04/27/2011	120	14.00	23635	111173951410007996
851976	0	00378699052	ALBUTEROL 0.083% INHAL SOLN	MITCHELL, BARBA	05/10/2011	75	16.09	27165	3396282619
851976	1	00378699052	ALBUTEROL 0.083% INHAL SOLN	MITCHELL, BARBA	11/03/2011	75	16.09	27165	3507052947
852670	0	59762306001	AZITHROMYCIN 250 MG TABLET	RAO, SUDEE N	05/13/2011	6	7.00	23635	111335753179013997
852671	0	55111015810	OMEPRAZOLE DR 20 MG CAPSULE	RAO, SUDEE N	05/13/2011	30	7.00	23635	111335758360023996
854381	0	59011042010	OXYCONTIN 20 MG TABLET	COUCH, JOHN P	05/25/2011	45	72.38	23635	111454350565020999
854403	0	00093444401	GABAPENTIN 800 MG TABLET	JANUSH, RACHE B	05/25/2011	90	7.00	23635	111454756686020999
861090	0	13668001005	CITALOPRAM HBR 20 MG TABLET	SAITZ, MARIA	07/08/2011	30	6.27	23635	111895279006004999
861091	0	50111043401	TRAZODONE 100 MG TABLET	SAITZ, MARIA	07/08/2011	30	3.60	23635	111895281481008999
861091	1	50111043401	TRAZODONE 100 MG TABLET	SAITZ, MARIA	08/05/2011	30	3.60	23635	112173358064001999
862705	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	07/20/2011	30	4.86	23635	112014444774004999
865702	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	08/18/2011	30	4.86	23635	112306772454011999
865702	1	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	09/18/2011	30	4.86	23635	112614868027007999
865703	0	00406833001	MORPHINE SULF ER 30 MG TABLET	COUCH, JOHN P	08/08/2011	90	7.00	23635	112206963139023999
865704	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	08/06/2011	120	7.00	23635	112206969876025999
868540	0	00093444401	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	08/26/2011	90	7.00	23635	112385196303028998
868540	1	68462012705	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	10/27/2011	90	7.00	23635	113003340559016998
868540	2	68462012705	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	12/21/2011	90	7.00	23635	113555819332008999
868540	3	68462012705	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	01/20/2012	90	2.60	23065	120317131648132999
868540	4	68462012705	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	04/17/2012	90	2.60	23065	121085024391062999
868540	5	68462012705	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	05/22/2012	90	2.60	23065	121434989484128999
874572	0	00591033960	DICLOFENAC SOD EC 75 MG TAB	COUCH, JOHN P	10/04/2011	60	7.00	23635	112773581139006999
874572	1	00591033960	DICLOFENAC SOD EC 75 MG TAB	COUCH, JOHN P	10/27/2011	60	7.00	23635	113003311486006998
887459	0	00406838001	MORPHINE SULF ER 60 MG TABLET	COUCH, JOHN P	12/21/2011	60	7.00	23635	113554753718019996
887460	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	12/21/2011	120	7.00	23635	113554771560030997
887461	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	12/21/2011	30	4.86	23635	113554786601027999
894354	0	00173068220	VENTOLIN HFA 90 MCG INHALER	RUSSELL, JOY	01/31/2012	18	6.50	23065	120317084606093999
894355	0	00054327099	FLUTICASONE PROP 50 MCG SPRAY	RUSSELL, JOY	01/31/2012	16	2.60	23065	120317087810121999
894356	0	00378699052	ALBUTEROL 0.083% INHAL SOLN	RUSSELL, JOY	01/31/2012	75	16.09	27165	3607521273
903512	0	59310057920	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	03/20/2012	9	6.50	23065	120806489426122999
903512	1	59310057920	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	05/09/2012	9	6.50	23065	121305566958023999
903512	2	59310057920	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	07/08/2012	9	6.50	23065	121904851420088999
903512	3	59310057920	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	10/08/2012	9	6.50	23065	122827134704126999
903512	4	59310057920	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	12/15/2012	9	6.50	23065	123503127447072999
903512	5	59310057920	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	01/07/2013	9	6.60	23065	130074551537070999
912420	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	COUCH, JOHN P	05/09/2012	30	0.88	23065	121305955185070999
916280	0	42858080301	MORPHINE SULF ER 60 MG TABLET	COUCH, JOHN P	05/30/2012	60	2.60	23065	121515434901032999
929128	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	08/20/2012	90	2.60	23065	122333890865106999
933195	0	42858080301	MORPHINE SULF ER 60 MG TABLET	COUCH, JOHN P	09/17/2012	90	2.60	23065	122613250911135999
933196	0	65862052405	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	09/17/2012	90	2.60	23065	122613264926084999

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DOCUMENT 424

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
933196	1	65862052405	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	10/19/2012	90	2.60	23065	122933415171113999
933196	2	65862052405	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	12/10/2012	90	2.60	23065	123454939568038999
933196	3	65862052405	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	02/01/2013	90	2.65	23065	130325745432073999
933196	4	65862052405	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	03/02/2013	90	2.65	23065	130614979117036999
933198	0	00591322379	TESTOSTERONE CYP 200 MG/ML	COUCH, JOHN P	09/17/2012	10	2.60	23065	122613284591052999
937053	0	00591093201	OXYCODONE-ACETAMINOPHEN	COUCH, JOHN P	10/08/2012	20	2.60	23065	122826260657139999
938470	0	00781261305	AMOXICILLIN 500 MG CAPSULE	COUCH, JOHN P	10/16/2012	30	2.60	23065	122906910652141999
941879	0	00591093201	OXYCODONE-ACETAMINOPHEN	COUCH, JOHN P	11/06/2012	40	2.60	23065	123113739580125999
941881	0	00781261305	AMOXICILLIN 500 MG CAPSULE	COUCH, JOHN P	11/06/2012	30	2.60	23065	123113782070084999
942738	0	42858080301	MORPHINE SULF ER 60 MG TABLET	COUCH, JOHN P	11/12/2012	90	2.60	23065	123173661324092997
942739	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	11/12/2012	90	2.60	23065	123173679944034999
943082	0	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	11/13/2012	16	2.60	23065	123185699028039999
943082	1	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	12/10/2012	16	2.60	23065	123454939786008999
943082	2	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	01/07/2013	16	2.65	23065	130074530728114999
943082	3	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	02/17/2013	16	2.65	23065	130486027093142999
951870	0	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, JOHN P	01/07/2013	60	2.65	23065	130074540878070999
951870	1	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, JOHN P	02/06/2013	60	1.41	23065	130375695391096999
951871	0	00955170310	ZOLPIDEM TART ER 12.5 MG TAB	COUCH, JOHN P	01/07/2013	30	2.65	23065	130074547464036999
951871	1	00955170310	ZOLPIDEM TART ER 12.5 MG TAB	COUCH, JOHN P	02/23/2013	30	2.65	23065	130545784554145999
951883	0	42858080301	MORPHINE SULF ER 60 MG TABLET	COUCH, JOHN P	01/07/2013	90	2.65	23065	130074683278123999
951884	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	01/07/2013	90	2.65	23065	130074687125083999
964243	0	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, PATRI	03/04/2013	60	1.41	23065	130636619921109999
964243	1	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, PATRI	04/04/2013	60	1.41	23065	130944436244121999
964939	0	63402019310	LUNESTA 3 MG TABLET	COUCH, PATRI	03/07/2013	30	6.60	23065	130664637017136999
964939	1	63402019310	LUNESTA 3 MG TABLET	COUCH, PATRI	04/06/2013	30	6.60	23065	130965449362073999
964999	0	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	03/07/2013	30	2.65	23065	130665663695085999
964999	1	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	04/12/2013	30	2.65	23065	131022793875034999
970863	0	65862052405	GABAPENTIN 800 MG TABLET	COUCH, JOHN P	04/04/2013	120	2.65	23065	130944618337129999
972667	0	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	04/12/2013	32	2.65	23065	131025830413140999
972667	1	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	07/16/2013	32	2.65	23065	131974970099094999
972667	2	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	09/17/2013	32	2.65	23065	132603481763098998
972667	3	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	11/12/2013	32	0.00	23065	133164324360061998
979205	0	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	05/16/2013	30	2.65	23065	131365139774107999
979205	1	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	06/16/2013	30	2.65	23065	131675481778133999
979205	2	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	07/16/2013	30	2.65	23065	131974970000049999
979205	3	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	08/15/2013	30	2.65	23065	132270835627098999
979205	4	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	09/17/2013	30	2.65	23065	132603479460133999
979205	5	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	10/17/2013	30	2.65	23065	132904145715073999
979324	0	63402019310	LUNESTA 3 MG TABLET	COUCH, JOHN P	05/16/2013	30	6.60	23065	131367396257101998
979324	1	63402019310	LUNESTA 3 MG TABLET	COUCH, JOHN P	06/16/2013	30	6.60	23065	131675479657056999

DOCUMENT 424

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
980361	0	59310057922	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	05/22/2013	9	6.60	23065	131424973359037999
980361	1	59310057922	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	07/08/2013	9	6.60	23065	131890077081104999
980361	2	59310057922	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	08/02/2013	9	6.60	23065	132140068102131999
980361	3	59310057922	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	11/16/2013	9	0.00	23065	133204458447074998
980361	4	59310057922	PROAIR HFA 90 MCG INHALER	PERCY, ROBER E	12/12/2013	9	0.00	23065	133467257399128998
990236	0	00955170310	ZOLPIDEM TART ER 12.5 MG TAB	COUCH, JOHN P	07/16/2013	30	2.65	23065	131974963926088997
990236	1	10370011610	ZOLPIDEM TART ER 12.5 MG TAB	COUCH, JOHN P	08/15/2013	30	2.65	23065	132276840175104998
990236	2	10370011610	ZOLPIDEM TART ER 12.5 MG TAB	COUCH, JOHN P	10/10/2013	30	2.65	23065	132835520926031999
991184	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	07/22/2013	120	2.65	23065	132033101137147997
1001283	0	00378014701	INDOMETHACIN 50 MG CAPSULE	BORCICKY, DAVID J	09/24/2013	20	11.39	22415	132675859224037999
1001283	1	00378014701	INDOMETHACIN 50 MG CAPSULE	BORCICKY, DAVID J	10/05/2013	20	11.39	22415	132788236900009999
1009073	0	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	11/12/2013	30	0.00	23065	133163778961003999
1009073	1	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	12/12/2013	30	0.00	23065	133467255688139999
1009073	2	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	01/08/2014	30	2.55	23065	140086898833122999
1009073	3	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	02/01/2014	30	2.55	23065	140324794172159999
1009073	4	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	03/01/2014	30	2.55	23065	140604931146141999
1009073	5	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	03/29/2014	30	2.55	23065	140884401842022999
1011932	0	68180030360	CEFUROXIME AXETIL 500 MG TAB	ANDREWS, STEPH J	11/29/2013	14	0.00	23065	133334967073105999
1011934	0	60432045516	HYDROCODONE-HOMATROPINE	ANDREWS, STEPH J	11/29/2013	60	11.99	1	
1013260	0	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, JOHN P	12/09/2013	60	0.00	23065	133434327199067999
1013260	1	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, JOHN P	01/30/2014	60	1.34	23065	140305617643165999
1016891	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	01/02/2014	120	2.55	23065	140026522617109999
1017865	0	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	01/09/2014	16	2.55	23065	140093210603001999
1017865	1	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	02/02/2014	16	2.55	23065	140333670002125998
1017865	2	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	03/01/2014	16	2.55	23065	140604924712091999
1017865	3	00054327099	FLUTICASONE PROP 50 MCG SPRAY	PERCY, ROBER E	03/24/2014	16	2.55	23065	140836753878120998
1017923	0	00591322379	TESTOSTERON CYP 2,000 MG/10 ML	COUCH, JOHN P	01/09/2014	10	2.55	23065	140094173779095997
1017923	1	00591322379	TESTOSTERON CYP 2,000 MG/10 ML	COUCH, JOHN P	03/23/2014	10	2.55	23065	140824220190014999
1019725	0	00228298311	OXYCODONE-ACETAMINOPHEN	COUCH, JOHN P	01/20/2014	30	1.27	23065	140205932621128998
1024361	0	00591555305	DOXYCYCLINE HYCLATE 100 MG TAB	MITCHELL, BARBA	02/14/2014	20	2.55	23065	140454537976039999
1025138	0	55111028050	LEVOFLOXACIN 500 MG TABLET	MITCHELL, BARBA	02/18/2014	7	2.55	23065	140496248731169999
1026185	0	59746000103	METHYLPREDNISOLONE 4 MG	RAO, SUDEE N	02/24/2014	21	2.55	23065	140554587745007999
1027266	0	00603258228	CARISOPRODOL 350 MG TABLET	COUCH, JOHN P	03/01/2014	60	1.34	23065	140603301181092999
1027270	0	42858080301	MORPHINE SULF ER 60 MG TABLET	COUCH, JOHN P	03/01/2014	90	2.55	23065	140603417843018999
1027271	0	00054023625	MORPHINE SULFATE IR 30 MG TAB	COUCH, JOHN P	03/01/2014	120	2.55	23065	140603422876108999
1027748	0	63402019310	LUNESTA 3 MG TABLET	COUCH, JOHN P	03/04/2014	60	6.35	23065	140636999812169999
1027748	1	63402019310	LUNESTA 3 MG TABLET	COUCH, JOHN P	05/04/2014	36	2.55	23065	141244409754089996
1028453	0	55111028050	LEVOFLOXACIN 500 MG TABLET	MITCHELL, BARBA	03/07/2014	10	2.55	23065	140665399564003999
1031808	0	00378115001	BUSPIRONE HCL 10 MG TABLET	MITCHELL, BARBA	03/24/2014	90	2.55	23065	140836509622173999
1031808	1	00378115001	BUSPIRONE HCL 10 MG TABLET	MITCHELL, BARBA	04/27/2014	90	2.55	23065	141175941101123999

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CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

RUN DATE: 11/03/2017 TIME: 09:01:48
Request NBR: 3639613

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
1031808	2	00378115001	BUSPIRONE HCL 10 MG TABLET	MITCHELL, BARBA	06/01/2014	90	2.55	23065	14152630919612 1999
1031808	3	00378115001	BUSPIRONE HCL 10 MG TABLET	MITCHELL, BARBA	07/17/2014	90	2.55	23065	14198634660713 2999
1038815	0	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	04/28/2014	30	2.55	23065	14118311888615 8999
1045281	0	00591322379	TESTOSTERON CYP 2,000 MG/10 ML	COUCH, JOHN P	06/02/2014	10	2.55	23065	14153431707301 1999
1054405	0	00603499221	OXYCODONE HCL 30 MG TABLET	COUCH, JOHN P	07/17/2014	90	1.87	23065	14198636195412 6999
1055219	0	68382002810	METFORMIN HCL 500 MG TABLET	PERCY, ROBER E	07/22/2014	90	2.55	23065	14203497884707 6999
1055219	1	68382002810	METFORMIN HCL 500 MG TABLET	PERCY, ROBER E	09/24/2014	90	0.00	23065	14267455236112 1999
1055219	2	68382002810	METFORMIN HCL 500 MG TABLET	PERCY, ROBER E	01/10/2015	90	2.65	23065	15010579125013 6998
1055220	0	00378081005	HYDROCHLOROTHIAZIDE 12.5 MG CP	PERCY, ROBER E	07/22/2014	90	2.55	23065	14203498203906 7999
1055220	1	00378081005	HYDROCHLOROTHIAZIDE 12.5 MG CP	PERCY, ROBER E	09/24/2014	90	0.00	23065	14267455480105 2999
1055220	2	00378081005	HYDROCHLOROTHIAZIDE 12.5 MG CP	PERCY, ROBER E	01/10/2015	90	2.65	23065	15010579130419 4999
1055222	0	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	07/22/2014	90	2.55	23065	14203501190816 0999
1055222	1	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	09/24/2014	90	0.00	23065	14267455229314 4999
1055222	2	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	11/30/2014	90	0.00	23065	14334481885704 7999
1055222	3	00093511298	DILTIAZEM 24HR ER 120 MG CAP	PERCY, ROBER E	02/27/2015	90	2.65	23065	15058464741712 2999
1059344	0	00603499221	OXYCODONE HCL 30 MG TABLET	COUCH, JOHN P	08/15/2014	90	0.00	23065	14227432393209 5998
1063785	0	00603499221	OXYCODONE HCL 30 MG TABLET	COUCH, JOHN P	09/12/2014	90	0.00	23065	14255415237712 0999
1074487	0	00603459315	METHYLPREDNISOLONE 4 MG	MITCHELL, BARBA	11/17/2014	21	0.00	23065	14321541995716 5999
1105317	0	53746046505	IBUPROFEN 600 MG TABLET	COLLINS, DAMIA J	05/25/2015	30	0.70	23065	15145491337314 5997
1105318	0	68180035209	SERTRALINE HCL 50 MG TABLET	COLLINS, DAMIA J	05/26/2015	30	2.65	23065	15146515766004 6997
1106501	0	66993066330	DULOXETINE HCL DR 30 MG CAP	LINTON, JANET L	06/01/2015	60	2.38	23065	15152607364112 3999
1106501	1	66993066330	DULOXETINE HCL DR 30 MG CAP	LINTON, JANET L	06/30/2015	60	2.38	23065	15181595239721 0999
1106514	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	LINTON, JANET L	06/01/2015	30	1.93	23065	15152645652208 0999
1107733	0	68382002810	METFORMIN HCL 500 MG TABLET	SIMPSON, STEPH T	06/09/2015	180	2.65	23065	15160406944616 6999
1107735	0	00378072419	TIZANIDINE HCL 4 MG TABLET	SIMPSON, STEPH T	06/09/2015	30	0.88	23065	15160412529119 1999
1111941	0	00093754456	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	07/06/2015	30	2.65	23065	15187513153618 3998
1113386	0	00781107905	ALPRAZOLAM 1 MG TABLET	TARABEIN, RASSA	07/15/2015	2	0.08	23065	15196564469920 8999
1113570	0	00781107905	ALPRAZOLAM 1 MG TABLET	TARABEIN, RASSA	07/16/2015	2	0.08	23065	15197555239712 2999
1116400	0	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	09/02/2015	120	2.65	23065	15245480151413 6999
1116401	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	09/02/2015	90	2.65	23065	15245479875618 2999
1118984	0	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	08/20/2015	90	2.65	23065	15232385758909 5999
1125504	0	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	09/29/2015	120	2.65	23065	15272469701416 9999
1125504	1	68462012705	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	10/29/2015	120	0.00	23065	15302740094622 0998
1125504	2	68462012705	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	11/25/2015	120	0.00	23065	15329486739213 3998
1125505	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	09/29/2015	90	2.65	23065	15272469995117 2999
1125505	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	10/26/2015	90	0.00	23065	15299683264413 4999
1125505	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	11/25/2015	90	0.00	23065	15329489715615 5999
1126066	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	10/03/2015	30	1.93	23065	15276377620008 5999
1126500	0	66993066330	DULOXETINE HCL DR 30 MG CAP	LINTON, JANET L	10/26/2015	60	2.65	23065	15299682823214 5999
1126500	1	66993066330	DULOXETINE HCL DR 30 MG CAP	LINTON, JANET L	12/19/2015	60	0.00	23065	15353539631113 1999

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CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
1126500	2	66993066330	DULOXETINE HCL DR 30 MG CAP	LINTON, JANET L	02/24/2016	60	2.95	23065	160556390905117999
1126518	0	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	10/26/2015	30	0.00	23065	152996830568149999
1126518	1	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	11/25/2015	30	0.00	23065	153294900709114999
1126518	2	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	12/19/2015	30	0.00	23065	153535393969170999
1126518	3	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	01/31/2016	30	2.95	23065	160315722950206999
1131039	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	11/02/2015	30	0.00	23065	153064890317094999
1135932	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	12/02/2015	30	0.00	23065	153364115782222999
1139744	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	12/28/2015	90	0.00	23065	153623229976208999
1139744	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	01/25/2016	90	2.95	23065	160255471577127999
1139744	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	02/24/2016	90	2.95	23065	160556369947192999
1139753	0	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	12/28/2015	120	0.00	23065	153623300242111999
1139753	1	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	02/03/2016	120	2.95	23065	160344775930159999
1139753	2	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	02/24/2016	120	2.95	23065	160556394069218999
1142616	0	65862007601	CIPROFLOXACIN HCL 250 MG TAB	SIMPSON, STEPH T	01/14/2016	20	2.95	23065	160143962187054999
1143593	0	00378081005	HYDROCHLOROTHIAZIDE 12.5 MG CP	SIMPSON, STEPH T	01/20/2016	90	2.95	23065	160204914082223999
1143600	0	68382075810	METFORMIN HCL 500 MG TABLET	SIMPSON, STEPH T	01/20/2016	180	2.95	23065	160205020285096999
1144732	0	50458014030	INVOKANA 100 MG TABLET	SIMPSON, STEPH T	01/27/2016	30	7.40	23065	160274628942201999
1144860	0	50458014030	INVOKANA 100 MG TABLET	SIMPSON, STEPH T	03/03/2016	30	7.40	23065	160633850268141999
1145448	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	01/31/2016	30	0.48	23065	160314437387129999
1150443	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	03/01/2016	30	0.48	23065	160612806720088999
1154153	0	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	03/23/2016	120	2.95	23065	160833388820063999
1154153	1	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	04/22/2016	120	2.95	23065	161136509660168999
1154153	2	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	05/19/2016	120	2.95	23065	161403007536105998
1154154	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	03/23/2016	90	2.95	23065	160833394505109999
1154154	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	04/22/2016	90	2.95	23065	161136508220102999
1154154	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	05/19/2016	90	2.95	23065	161403008436095998
1154171	0	65162052110	PROMETHAZINE 25 MG TABLET	TARABEIN, RASSA	03/23/2016	12	0.53	23065	160833689017183999
1155049	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	03/29/2016	30	0.48	23065	160894741452060998
1155439	0	69097015907	MELOXICAM 15 MG TABLET	MCINTYRE, MATTH	03/31/2016	30	1.19	23065	160915640823066999
1155439	1	69097015907	MELOXICAM 15 MG TABLET	MCINTYRE, MATTH	04/28/2016	30	1.74	23065	161195403489162999
1155587	0	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	04/01/2016	30	2.95	23065	160923882838195999
1155607	0	50458014130	INVOKANA 300 MG TABLET	SIMPSON, STEPH T	04/01/2016	30	7.40	23065	160924235089119999
1155607	1	50458014130	INVOKANA 300 MG TABLET	SIMPSON, STEPH T	04/28/2016	30	7.40	23065	161192949837060999
1155608	0	68180036109	FENOFIBRATE 145 MG TABLET	SIMPSON, STEPH T	04/01/2016	30	2.95	23065	160924237199137999
1155608	1	68180036109	FENOFIBRATE 145 MG TABLET	SIMPSON, STEPH T	04/28/2016	30	2.95	23065	161192967526119999
1157772	0	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	04/28/2016	30	2.95	23065	161195415895217999
1157772	1	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	06/15/2016	30	2.95	23065	161675421246198999
1157772	2	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	07/18/2016	30	2.95	23065	162002972677187999
1157772	3	66993066430	DULOXETINE HCL DR 60 MG CAP	LINTON, JANET L	08/24/2016	30	2.95	23065	162373452707214999
1157799	0	00378245710	LORAZEPAM 1 MG TABLET	LINTON, JANET L	04/14/2016	60	0.00	1	

DOCUMENT 424

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36606

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
1157799	1	00378245710	LORAZEPAM 1 MG TABLET	LINTON, JANET L	05/12/2016	60	2.95	23065	161335175246107999
1159638	0	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	04/27/2016	30	0.57	23065	161184409405177999
1159639	0	65162052110	PROMETHAZINE 25 MG TABLET	TARABEIN, RASSA	04/27/2016	12	0.53	23065	161184423129196999
1159991	0	13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	TARABEIN, RASSA	04/29/2016	30	1.93	23065	161204405639212999
1163281	0	10702001801	OXYCODONE HCL 5 MG TABLET	MCINTYRE, MATTH	05/20/2016	45	0.78	23065	161414165881129998
1163282	0	45802048678	DOCUSATE SODIUM 100 MG SOFTGEL	MCINTYRE, MATTH	05/20/2016	30	2.40	27735	61126171
1166847	0	00378245710	LORAZEPAM 1 MG TABLET	LINTON, JANET L	06/15/2016	26	1.27	23065	161675097191082999
1167606	0	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	06/22/2016	30	2.43	23065	161745220209177999
1167607	0	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	06/22/2016	120	2.95	23065	161743360590211999
1167607	1	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	07/20/2016	120	2.95	23065	162024833579057999
1167607	2	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	08/21/2016	120	2.95	23065	162343642157055999
1167608	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	06/22/2016	90	2.95	23065	161743367567111999
1167608	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	07/18/2016	90	2.95	23065	162002968299149999
1167608	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	08/14/2016	90	2.95	23065	162273404199205999
1167609	0	65162052110	PROMETHAZINE 25 MG TABLET	TARABEIN, RASSA	06/29/2016	12	2.15	23065	161813638305105999
1170290	0	68462010530	ONDANSETRON HCL 4 MG TABLET	SIMPSON, STEPH T	07/13/2016	30	0.98	23065	161955552790198999
1171214	0	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	07/21/2016	30	1.36	23065	162033548935169999
1171215	0	65162052110	PROMETHAZINE 25 MG TABLET	TARABEIN, RASSA	07/21/2016	12	1.17	23065	162033652716132999
1172648	0	68180051403	LISINOPRIL 10 MG TABLET	SIMPSON, STEPH T	08/02/2016	90	2.43	23065	162154952782164999
1172648	1	68180051403	LISINOPRIL 10 MG TABLET	SIMPSON, STEPH T	11/13/2016	90	0.00	23065	163185268870137999
1175221	0	65162052110	PROMETHAZINE 25 MG TABLET	TARABEIN, RASSA	08/18/2016	12	2.16	23065	162313765239100999
1175222	0	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	08/18/2016	30	1.36	23065	162313767115113999
1176470	0	00574200815	NYSTOP 100,000 UNITS/GM POWDER	SIMPSON, STEPH T	08/25/2016	15	2.95	23065	162386511328164999
1176471	0	00172541346	FLUCONAZOLE 200 MG TABLET	SIMPSON, STEPH T	08/25/2016	7	0.68	23065	162386520223092999
1180527	0	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	09/21/2016	120	2.95	23065	162655752131224999
1180527	1	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	10/18/2016	120	2.95	23065	162923358488094999
1180527	2	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	11/14/2016	120	0.00	23065	163192965734074999
1180528	0	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	09/21/2016	30	1.36	23065	162655755383122999
1180528	1	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	10/26/2016	30	0.00	23065	163004631490165999
1180528	2	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	11/23/2016	30	0.00	23065	163283563121049999
1180529	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	09/21/2016	90	2.95	23065	162655757644109999
1180529	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	10/18/2016	90	2.95	23065	162923338339131999
1180529	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	11/14/2016	90	0.00	23065	163192964404081999
1180532	0	65162052110	PROMETHAZINE 25 MG TABLET	TARABEIN, RASSA	09/21/2016	12	2.16	23065	162655761609070999
1184795	0	68180036109	FENOFIBRATE 145 MG TABLET	SIMPSON, STEPH T	10/21/2016	90	2.95	23065	162956312804172999
1185341	0	55111029336	SUMATRIPTAN SUCC 100 MG TABLET	TARABEIN, RASSA	10/26/2016	9	0.00	23065	163004133555104999
1185365	0	00574200815	NYSTOP 100,000 UNITS/GM POWDER	SIMPSON, STEPH T	10/26/2016	15	0.00	23065	163004744629118999
1185366	0	50458014130	INVOKANA 300 MG TABLET	SIMPSON, STEPH T	10/26/2016	30	0.00	23065	163004747157181999
1189561	0	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	01/06/2017	30	1.36	23065	170064734694202999
1189561	1	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	02/11/2017	30	0.34	23065	170424024713071999

DOCUMENT 424

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
1189561	2	00378015210	CLONIDINE HCL 0.1 MG TABLET	TARABEIN, RASSA	03/22/2017	30	0.34	23065	17081355869814599
1189562	0	65862052405	GABAPENTIN 600 MG TABLET	TARABEIN, RASSA	12/13/2016	120	0.00	23065	16348274228515799
1189562	1	69367013506	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	01/12/2017	120	3.30	23065	17012415536012999
1189562	2	69367013506	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	02/12/2017	120	3.30	23065	17043315539419599
1189563	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	12/13/2016	90	0.00	23065	16348274496311399
1189563	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	01/10/2017	90	3.30	23065	17010287355107499
1189563	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	02/12/2017	90	3.30	23065	17043314924310299
1189582	0	50458014130	INVOKANA 300 MG TABLET	SIMPSON, STEPH T	03/31/2017	30	8.25	23065	17090837906207999
1197003	0	55111029336	SUMATRIPTAN SUCC 100 MG TABLET	TARABEIN, RASSA	02/11/2017	9	0.99	23065	17042402685614899
1199621	0	68180051403	LISINOPRIL 10 MG TABLET	SIMPSON, STEPH T	02/07/2017	90	2.43	23065	17038410350103499
1199621	1	68180098003	LISINOPRIL 10 MG TABLET	SIMPSON, STEPH T	06/03/2017	90	0.00	23065	17154433448819999
1201366	0	68462012701	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	03/12/2017	120	3.30	23065	17071437106121899
1201366	1	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	04/07/2017	120	3.30	23065	17097047431513199
1201366	2	65862052405	GABAPENTIN 800 MG TABLET	TARABEIN, RASSA	05/10/2017	120	3.30	23065	17130050716720999
1201367	0	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	03/12/2017	90	3.30	23065	17071364289407899
1201367	1	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	04/07/2017	90	3.30	23065	17097047441313499
1201367	2	00378072419	TIZANIDINE HCL 4 MG TABLET	TARABEIN, RASSA	05/10/2017	90	3.30	23065	17130050703416299
1201406	0	10702005601	OXYCODONE HCL 10 MG TABLET	TARABEIN, RASSA	02/20/2017	40	3.28	23065	17051544309015999
1206069	0	68462010530	ONDANSETRON HCL 4 MG TABLET	SIMPSON, STEPH T	03/29/2017	90	3.30	23065	17088407241715899
1208656	0	55111029336	SUMATRIPTAN SUCC 100 MG TABLET	TARABEIN, RASSA	04/17/2017	9	3.30	23065	17107387036011299
1214824	0	59310057922	PROAIR HFA 90 MCG INHALER	SIMPSON, STEPH T	06/06/2017	9	8.25	23065	17157516311008199
1215004	0	00603459315	METHYLPREDNISOLONE 4 MG	ALVARADO, ROGER	06/07/2017	21	3.30	23065	17158648082416399
1215005	0	65862053750	LEVOFLOXACIN 500 MG TABLET	ALVARADO, ROGER	06/07/2017	7	0.00	23065	17158648269317299
1217742	0	24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	SIMPSON, STEPH T	06/29/2017	20	3.30	23065	17180538002618899
1217745	0	65862052405	GABAPENTIN 800 MG TABLET	SIMPSON, STEPH T	06/29/2017	120	3.30	23065	17180540090921899
1217773	0	00603389121	HYDROCODON-ACETAMINOPH 7.5-325	SIMPSON, STEPH T	06/29/2017	90	3.30	23065	17180605123521699

DOCUMENT 424

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 07/01/2007 AND 10/05/2017
PHARMACY# 4903

RUN DATE: 11/03/2017 TIME: 09:01:48
Request NBR: 3839613

PHARMACY NAME:
ADDRESS: 3100 DAUPHIN ISLAND PKWY
CITY, ST, ZIP: MOBILE AL 36605

PATIENT KEY: 4903513741
PATIENT NAME: BROCKEL BRUCE DECEAS
ADDRESS: 4013 MARYDALE DR
CITY, ST, ZIP MOBILE AL 36605

TELEPHONE: 251-727-8511
[redacted]

SCRIPT COUNT: 346 TOTAL PATIENT PAID AMOUNT: 1765.29

DOCUMENT 424

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CUSTODIAN OF RECORDS
1901 EAST VOORHEES STREET
DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
1038633-6507	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY	KVK TECH	10702-0056-01	C2	5	07/25/2016	10		LGD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.49
										Total	1 Subtotal:		10		$ 0.49
1038634-6507	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ENDO	60951-0655-70	C2	1	07/25/2016	2		LGD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.09
										Total	1 Subtotal:		2		$ 0.09
1644436-7609	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	05/30/2016	5		KDT	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.49
1644436-7609	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	05/30/2016	25		CMH	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.94
										Total	2 Subtotal:		30		$ 2.43
2164232-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	JANSSEN	50458-0141-30	RX	30	05/26/2016	30		DNN	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	7.40
2164232-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	JANSSEN	50458-0141-30	RX	30	06/27/2016	30		ECC	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	7.40

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CUSTODIAN OF RECORDS
1901 EAST VOORHEES STREET
DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
2164232-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	JANSSEN	50458-0141-30	RX	30	07/28/2016	30		ECC	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	7.40
2164232-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	JANSSEN	50458-0141-30	RX	30	08/27/2016	30		JPD	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	7.40
										Total	4	Subtotal:	120		$ 29.60
2164233-6085	FENOFIBRATE 145MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	TEVA	00093-2060-98	RX	30	05/26/2016	30		DNN	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	2.95
2164233-6085	FENOFIBRATE 145MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	TEVA	00093-2060-98	RX	30	06/27/2016	30		ECC	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	2.95
2164233-6085	FENOFIBRATE 145MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	TEVA	00093-2060-98	RX	30	07/28/2016	30		ECC	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	2.95
2164233-6085	FENOFIBRATE 145MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	TEVA	00093-2060-98	RX	30	08/27/2016	30		JPD	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	2.95
										Total	4	Subtotal:	120		$ 11.80
2164455-6085	MORPHINE SULFATE IMM REL 15MG TAB	TAKE 1 TABLET BY MOUTH DAILY	ROXANE	00054-0235-25	C2	30	05/27/2016	30		EAP	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.95
										Total	1	Subtotal:	30		$ 2.95

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CUSTODIAN OF RECORDS
1901 EAST VOORHEES STREET
DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
2165076-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY	ZYDUS	68382-0905-01	C2	30	05/28/2016	60		JPD	MEGGINSON, AUTRY	AM0463098	(251)433-1895	CMRKM PD	2.95
										Total	1 Subtotal:		60		$ 2.95
2177536-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	06/27/2016	30		JPD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.43
										Total	1 Subtotal:		30		$ 2.43
2177537-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0905-01	C2	30	06/27/2016	60		ECC	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.95
										Total	1 Subtotal:		60		$ 2.95
2190782-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME	TEVA	00093-0074-01	C4	30	07/28/2016	30		ECC	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.75
										Total	1 Subtotal:		30		$ 1.75
2190783-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0905-01	C2	30	07/28/2016	60		ECC	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.95

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1901 EAST VOORHEES STREET
DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
											Total 1 Subtotal:			60	$ 2.95
2191282-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	KVK TECH	10702-0056-01	C2	20	07/29/2016	40		EAP	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.96
											Total 1 Subtotal:			40	$ 1.96
2203714-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	08/27/2016	30		JPD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.75
											Total 1 Subtotal:			30	$ 1.75
2203715-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY	ZYDUS	68382-0905-01	C2	30	08/27/2016	60		JPD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.95
											Total 1 Subtotal:			60	$ 2.95
2203880-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	KVK TECH	10702-0056-01	C2	20	08/28/2016	40		JPD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.96
											Total 1 Subtotal:			40	$ 1.96

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01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
2217297-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR 30 DAYS	KVK TECH	10702-0056-01	C2	30	09/27/2016	40		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.95
										Total	1 Subtotal:	40			$ 2.95
2217298-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	09/27/2016	30		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.75
										Total	1 Subtotal:	30			$ 1.75
2217300-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0905-01	C2	30	09/27/2016	60		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	2.95
										Total	1 Subtotal:	60			$ 2.95
2220347-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	JANSSEN	50458-0141-30	RX	30	10/03/2016	30		RLW	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	7.40
										Total	1 Subtotal:	30			$ 7.40
2231341-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	10/27/2016	30		RLW	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00

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DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
											Total 1 Subtotal: 30				$ 0.00
2231342-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0905-01	C2	30	10/27/2016	60		RLW	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00
											Total 1 Subtotal: 60				$ 0.00
2231343-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR 30 DAYS	KVK TECH	10702-0056-01	C2	30	10/27/2016	40		RLW	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00
											Total 1 Subtotal: 40				$ 0.00
2244555-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME	TEVA	00093-0074-01	C4	30	01/25/2017	30		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	1.75
2244555-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME	TEVA	00093-0074-01	C4	30	11/26/2016	30		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00
2244555-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME	TEVA	00093-0074-01	C4	30	12/26/2016	30		JPD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00

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CUSTODIAN OF RECORDS
1901 EAST VOORHEES STREET
DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
											Total 3 Subtotal:			90	$ 1.75
2244556-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR 60 DAYS	KVK TECH	10702-0056-01	C2	60	11/26/2016	80		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00
											Total 1 Subtotal:			80	$ 0.00
2244557-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR 60 DAYS	ZYDUS	68382-0905-01	C2	60	11/26/2016	120		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.00
											Total 1 Subtotal:			120	$ 0.00
2247707-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	JANSSEN	50458-0141-30	RX	30	12/02/2016	30		EAP	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	0.00
											Total 1 Subtotal:			30	$ 0.00
2249237-6085	DULOXETINE DR 30MG CAPSULES	TAKE 1 CAPSULE BY MOUTH DAILY	TEVA	00093-7543-56	RX	90	12/06/2016	90		EAP	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	0.00
											Total 1 Subtotal:			90	$ 0.00

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DOCUMENT 424

Walgreens There's a way

CUSTODIAN OF RECORDS
1901 EAST VOORHEES STREET
DANVILLE, IL 61834

INSURANCE PROFILE

DATE PRINTED: 11/01/2017

01/01/2007 through 11/01/2017

BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
2260121-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	JANSSEN	50458-0141-30	RX	30	12/30/2016	30		TJP	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	0.00
								Total	1	Subtotal:	30				$ 0.00
2260122-6085	ATORVASTATIN 40MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	DR.REDDYS	55111-0123-90	RX	90	12/30/2016	90		TJP	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	0.00
								Total	1	Subtotal:	90				$ 0.00
2272017-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR 30 DAYS	KVK TECH	10702-0056-01	C2	30	01/23/2017	40		DNN	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	3.30
								Total	1	Subtotal:	40				$ 3.30
2273550-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0905-01	C2	30	01/25/2017	60		RLW	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	3.30
								Total	1	Subtotal:	60				$ 3.30
2274627-6085	INVOKANA 300MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	JANSSEN	50458-0141-30	RX	90	01/27/2017	90		EAP	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	8.25

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BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
											Total 1 Subtotal:			90	$ 8.25
2274631-6085	FENOFIBRATE 145MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	TEVA	00093-7756-98	RX	90	01/27/2017	90		EAP	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	3.30
											Total 1 Subtotal:			90	$ 3.30
2289031-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	02/24/2017	30		SBS	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.43
2289031-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	03/26/2017	30		KML	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.48
2289031-6085	ZOLPIDEM 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME	TEVA	00093-0074-01	C4	30	04/24/2017	30		DNN	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	0.87
											Total 3 Subtotal:			90	$ 1.78
2289032-6085	MORPHINE SULF 60MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0905-01	C2	30	02/24/2017	60		SBS	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	3.30
											Total 1 Subtotal:			60	$ 3.30

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BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962
[redacted] Gender: M

Allergy Conditions: None on file
Health None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
2301806-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	KVK TECH	10702-0056-01	C2	30	03/22/2017	40		TJP	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	3.30
											Total 1 Subtotal: 40				$ 3.30
2303730-6085	MORPHINE SULFATE 30MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0904-01	C2	30	03/26/2017	60		KML	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	3.30
											Total 1 Subtotal: 60				$ 3.30
2316278-6085	OXYCODONE 10MG IMMEDIATE REL TABS	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR 30 DAYS	KVK TECH	10702-0056-01	C2	30	04/21/2017	40		EAP	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	3.30
											Total 1 Subtotal: 40				$ 3.30
2317168-6085	MORPHINE SULFATE 30MG ER TABS (12H)	TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED	ZYDUS	68382-0904-01	C2	30	04/24/2017	60		JPD	TARABEIN, RASSAN	BT4052798	(251)625-0909	CMRKM PD	3.30
											Total 1 Subtotal: 60				$ 3.30
2332989-6085	HYDROCODONE/ ACETAMINOPHEN	TAKE 1 TABLET BY MOUTH EVERY 8	ACTAVIS	00591-2605-05	C2	30	05/25/2017	90		DNN	SIMPSON, STEPHEN	BS8273423	(251)633-4949	CMRKM PD	3.30

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BRUCE BROCKEL
4013 MARYDALE DR
MOBILE, AL 36605
Patient Phone: (251) 721-5962

Allergy Conditions: None on file
Health None on file

[redacted] Gender: M

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
	7.5-325 T	HOURS AS NEEDED FOR MODERATE PAIN FOR UP TO 10 DAYS													

Total 1 Subtotal: 90 $ 3.30

Total Scripts: 51 Total Price: $ 125.54

Using generics you saved a total of: $ 0.00

Using more generics you could have saved a total $ 0.00

Your insurance saved you a total of: $ 10,094.43

Your cash quantity discount saved you a total $ 0.00

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DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 2030527 OXYCONTIN 30MG CONTROLLED REL TABS PURDUE C2 CMRKMPD 06085361438724534 18
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID
08/04/2015 60 0 30
08/04/2015 CDS/JJT 60 ORIG 6.60 406.09 08/04/2015 152166041981122999 CMRKMPD

RX 2043523 OXYCODONE 10MG IMMEDIATE REL TABS KVK TECH C2 CMRKMPD 06085501441288254 19
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO D PRF BREAKTHROUGH PAIN
09/01/2015 26 0 26
09/03/2015 KEB/DNN 26 ORIG 2.29 9.91 09/03/2015 152463189422075999 CMRKMPD

RX 2043524 OXYCONTIN 30MG CONTROLLED REL TABS PURDUE C2 CMRKMPD 06085511441288257 12
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN
09/01/2015 52 0 26
09/03/2015 KEB/DNN 52 ORIG 5.72 352.01 09/03/2015 152463191038176999 CMRKMPD

RX 2043525 ZOLPIDEM 10MG TABLETS TEVA C4 06085521441288260 12
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QD HS
09/01/2015 30 0 0

DOCUMENT 424

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AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0985421 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0650756144355368911
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID FOR BREAKTHROUGH PAIN
09/29/2015 60 0 30

DOCUMENT 424

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AUTH NBR AUTH BY

09/29/2015 JDW/KAM 60 ORIG 2.65 10.03 09/29/2015 152725121841106999 CMRKMPD
RX 0985422 MORPHINE SULFATE 30MG ER TABS (12H) ZYDUS C2 CMRKMPD 0650757144355369212
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN
09/29/2015 60 0 30
09/29/2015 JDW/KAM 60 ORIG 2.65 52.57 09/29/2015 152725123085180999 CMRKMPD
RX 0990927 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0650795144614837212
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRF BREAKTHROUGH PAIN
10/29/2015 60 0 30
10/29/2015 LGD/LGD 60 ORIG 0.00 12.68 10/29/2015 153025365842170998 CMRKMPD
RX 0990929 MORPHINE SULFATE 30MG ER TABS (12H) ZYDUS C2 CMRKMPD 0650796144614837515
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN
10/29/2015 60 0 30
10/29/2015 LSC/LGD 60 ORIG 0.00 55.22 10/29/2015 153025367566081999 CMRKMPD

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AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 2083047 MORPHINE SULFATE 30MG ER TABS (12H) ZYDUS C2 CMRKMPD 0608508144891736410
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRF 30 DAYS
11/30/2015 60 0 30
11/30/2015 DNN/ABL 60 ORIG 0.00 55.22 11/30/2015 153345420177088998 CMRKMPD

RX 2096405 MORPHINE SULF 60MG ER TABS (12H) ZYDUS C2 CMRKMPD 0608549145148982919
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRF 30 DAYS
12/16/2015 60 0 30
12/30/2015 BKK/JPD 60 ORIG 0.00 107.27 12/30/2015 153643467516124999 CMRKMPD

RX 2096406 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0608550145148983114
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRF BREAKTHROUGH PAIN
12/16/2015 60 0 30
12/30/2015 BKK/JPD 60 ORIG 0.00 12.68 12/30/2015 153643469337101999 CMRKMPD

RX 2096407 ZOLPIDEM 10MG TABLETS TEVA C4 CMRKMPD 0608551145148983413
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QHS
12/16/2015 30 0 30
12/30/2015 BKK/JPD 30 ORIG 0.00 1.93 12/30/2015 153643470887154999 CMRKMPD

RX 2110439 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0608553145407826113
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRF BREAKTHROUGH PAIN
01/25/2016 60 0 30
01/29/2016 BKK/DNN 60 ORIG 2.95 10.23 01/29/2016 160293121130125999 CMRKMPD

RX 2110440 MORPHINE SULF 60MG ER TABS (12H) ZYDUS C2 CMRKMPD 0608554145407826618
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN FOR 30 DAYS
01/25/2016 60 0 30
01/29/2016 BKK/DNN 60 ORIG 2.95 104.82 01/29/2016 160293123141093999 CMRKMPD

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ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1556557 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0760914144869099614
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TAKE 1 T PO BID PRN FOR BREAK THU PAIN
11/28/2015 4 0 2

11/28/2015 CDA/CDA 4 ORIG 0.00 1.31 11/28/2015 153320076690170999 CMRKMPD

RX 1556558 MORPHINE SULFATE 30MG ER TABS (12H) ZYDUS C2 CMRKMPD 0760915144869100119
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TAK1 1 T PO BID PRN
11/28/2015 4 0 2

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11/28/2015 CDA/CDA 4 ORIG 0.00 4.15 11/28/2015 153320081115209999 CMRKMPD

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AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0996116 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 06507131448906529 16
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN FOR BREAKTHROUGH PAIN
11/30/2015 60 0 30

11/30/2015 JDW/TJP 60 ORIG 5.00 12.68 11/30/2015 153344827267033999 CMRKMPD

RX 0996122 OXYCODONE 10MG IMMEDIATE REL TABS KVK TECH C2 CMRKMPD 06507141448906532 11
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QD PRN FOR BREAKTHROUGH PAIN
11/30/2015 10 0 10

11/30/2015 JDW/TJP 10 ORIG 5.72 5.00 11/30/2015 153345242232057999 CMRKMPD

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ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)721-5962 [redacted]

RX 2124195 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 06085031456675617l6
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRF BREAKTHROUGH PAIN
02/23/2016 60 0 30

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DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

02/28/2016 NTN/JPD 60 ORIG 2.95 16.33 02/28/2016 160593655567142999 CMRKMPD
RX 2124197 MORPHINE SULF 60MG ER TABS (12H) ZYDUS C2 CMRKMPD 0608504145667562512
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN
02/23/2016 60 0 30
02/28/2016 NTN/JPD 60 ORIG 2.95 104.82 02/28/2016 160593658278199999 CMRKMPD
RX 2137859 MORPHINE SULF 60MG ER TABS (12H) ZYDUS C2 CMRKMPD 0608529145925700311
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK ONE T PO BID PRN
03/23/2016 60 0 30
03/29/2016 ECC/ECC 60 ORIG 2.95 104.82 03/29/2016 160892944193140998 CMRKMPD
RX 2137860 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0608530145925701015
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK ONE T PO BID PRF BREAKTHROUGH PAIN
03/23/2016 60 0 30
03/29/2016 CDC/ECC 60 ORIG 2.95 16.33 03/29/2016 160892946417206999 CMRKMPD
RX 2151516 MORPHINE SULF 60MG ER TABS (12H) ZYDUS C2 CMRKMPD 0608593146185460114
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK ONE T PO BID PRN
04/27/2016 60 0 30
04/28/2016 CDC/ECC 60 ORIG 2.95 104.82 04/28/2016 161193504528136999 CMRKMPD
RX 2151517 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 CMRKMPD 0608594146185460517
TARABEIN, R RGAZI NEUROLOGY CLINIC 28150 N MAIN ST DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK ONE T PO TID PRN
04/27/2016 90 0 30
04/28/2016 CDC/ECC 90 ORIG 2.95 25.46 04/28/2016 161193506762155999 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0928744 OXYCODONE 30MG IMM REL TABLETS KVK C2 CMRKMPD 0650710141563209616
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO Q 6 H FOR 30 DAYS
11/08/2014 90 0 22

11/10/2014 LNG/LNG 90 ORIG 0.00 83.40 11/10/2014 143143293481125998 CMRKMPD

RX 0933302 OXYCODONE 30MG IMM REL TABLETS KVK C2 CMRKMPD 0650753141805194512
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO Q 6 H FOR 30 DAYS
12/04/2014 90 0 22

12/08/2014 MDW/LNG 90 ORIG 0.00 50.82 12/08/2014 143423362155063999 CMRKMPD

RX 0937908 OXYCODONE 30MG IMMEDIATE REL TABS ACTAVIS C2 CMRKMPD 0650791142047461611
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO Q 6 H FOR 30 DAYS
11/10/2014 90 0 22

RX 0942508 MORPHINE SULF 100MG ER TABS (12H) ENDO C2 CMRKMPD 0650746142257407915
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO TID FOR 30 DAYS
01/29/2015 90 0 30

RX 0942509 OXYCODONE 30MG IMMEDIATE REL TABS ACTAVIS C2 CMRKMPD 0650747142257408411
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO Q 8 H FOR 30 DAYS
01/29/2015 90 0 30

RX 0942510 GABAPENTIN 800MG TABLETS GLENMARK RX CMRKMPD 0650748142257408816
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO QID
01/29/2015 120 1 30

01/29/2015 FNJ/TJP 120 ORIG 2.65 87.85 01/29/2015 150296302448096999 CMRKMPD

RX 0942511 ROZEREM 8MG TABLETS TAKEDA RX CMRKMPD 0650749142257409516
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO QHS FOR 30 DAYS
01/29/2015 30 0 30

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

01/29/2015 FNJ/TJP 30 ORIG 6.60 243.10 01/29/2015 150296304074205999 CMRKMPD
RX 0942512 TIZANIDINE 4MG TABLETS DR.REDDY'S RX CMRKMPD 0650750142257410014
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO Q 8 H PRN . DO NOT EXCEED 3 DOSES IN 24 H
01/29/2015 90 0 30

01/29/2015 TJP/TJP 90 ORIG 2.65 27.19 01/29/2015 150296309518139998 CMRKMPD
RX 0942513 TESTOSTERONE CYP 200MG/ML 10ML WATSON C3 CMRKMPD 0650751142257410719
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: INJECT =ML INTO MUSCLE EVERY WEEK FOR 30 DAYS
01/29/2015 10 1 30

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0957500 OXYCODONE 30MG IMMEDIATE REL TABS ACTAVIS C2 CMRKMPD 06507891429887981l3
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)406-8990 BC4507349
SIG: TK 1 T PO Q 6 H FOR 30 DAYS
04/23/2015 120 0 30

04/24/2015 LSC/LGD 120 ORIG 2.65 110.36 04/24/2015 151143652277117999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 2015754 OXYCONTIN 30MG CONTROLLED REL TABS PURDUE C2 CMRKMPD 06085701435703035 16
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN FOR 30 DAYS
06/30/2015 60 0 30

06/30/2015 HMS/EAP 60 ORIG 6.60 406.09 06/30/2015 151816269986212999 CMRKMPD

RX 2028300 OXYCONTIN 30MG CONTROLLED REL TABS PURDUE C2 CMRKMPD 06085221438279516 17
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO BID PRN FOR 5 DAYS
07/28/2015 10 0 5

07/30/2015 ECC/DNN 10 ORIG 1.10 68.10 07/30/2015 152114736856216999 CMRKMPD

RX 2028301 ZOLPIDEM 10MG TABLETS TEVA C4 CMRKMPD 06085231438279519 16
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QD HS
07/28/2015 5 0 5

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

07/30/2015 ECC/DNN 5 ORIG 0.44 0.30 07/30/2015 152114741319118999 CMRKMPD
RX 2028302 GABAPENTIN 800MG TABLETS TEVA RX CMRKMPD 0608524143827952211
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QID FOR 30 DAYS
07/28/2015 120 0 30
07/30/2015 MES/DNN 120 ORIG 2.65 87.85 07/30/2015 152114745858218998 CMRKMPD
RX 2028303 TIZANIDINE 4MG TABLETS DR.REDDY'S RX CMRKMPD 0608525143827952510
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO TID FOR 30 DAYS
07/28/2015 90 0 30
07/30/2015 MES/DNN 90 ORIG 2.65 27.19 07/30/2015 152114748699130998 CMRKMPD
RX 2028304 OXYCODONE 10MG IMMEDIATE REL TABS KVK TECH C2 CMRKMPD 0608526143827952816
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QD PRF BREAKTHROUGH PAIN
07/28/2015 5 0 5
07/30/2015 ECC/DNN 5 ORIG 0.44 2.31 07/30/2015 152114754990196999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1470213 SERTRALINE 50MG TABLETS GREENSTONE RX 07609461432587894l0
LINTON, J 2200 LAKESHORE DRIVE BIRMINGHAM, AL 36605 (205)655-0585 BL9278373
SIG: TK 1 T PO QD
05/25/2015 30 2 0 06152015 RTS

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

RX 1470214 HYDROCODONE/ACETAMINOPHEN 7.5-325 T ACTAVIS C2 CMRKMPD 07609471432587898 13
LINTON, J 2200 LAKESHORE DRIVE BIRMINGHAM, AL 36605 (205)655-0585 BL9278373
SIG: TK 1 T PO Q 6 H PRN MODERATE P FOR 7 DAYS
05/25/2015 30 0 7
05/25/2015 TDJ/KDT 30 ORIG 0.61 8.87 05/25/2015 15145579558907499 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0965536 HYDROCODONE/ACETAMINOPHEN 7.5-325 T ACTAVIS C2 CMRKMPD 06507061433886863l4
SIMPSON, S 831C HILLCREST RD MOBILE, AL 36605 (251)633-4949 BS8273423
SIG: TK 1 T PO Q 8 H PRF PAIN UP TO 10 DAYS
06/09/2015 90 0 30
06/09/2015 LGD/LGD 90 ORIG 2.65 24.80 06/09/2015 151606093970217998 CMRKMPD

RX 0968916 OXYCODONE 10MG IMMEDIATE REL TABS KVK TECH C2 CMRKMPD 06507941435696318l5
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QD PRN FOR BREAKTHROUGH PAIN
06/30/2015 30 0 30
06/30/2015 JDW/KAM 30 ORIG 2.65 11.35 06/30/2015 151815600059218999 CMRKMPD

RX 0968917 ZOLPIDEM 10MG TABLETS TEVA C4 CMRKMPD 06507931435696316l3
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QHS
06/30/2015 30 0 30
06/30/2015 JDW/KAM 30 ORIG 1.93 0.00 06/30/2015 151815601483151999 CMRKMPD

RX 0968918 GABAPENTIN 800MG TABLETS GLENMARK RX CMRKMPD 06507951435696321l7
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO QID FOR 30 DAYS
06/30/2015 120 0 30
06/30/2015 LSC/KAM 120 ORIG 2.65 87.85 06/30/2015 151815606106046998 CMRKMPD

RX 0968919 TIZANIDINE 4MG TABLETS DR.REDDY'S RX CMRKMPD 06507961435696324l7
TARABEIN, R 27535 US HIGHWAY 98 DAPHNE, AL 36605 (251)625-0909 BT4052798
SIG: TK 1 T PO TID FOR 30 DAYS
06/30/2015 90 0 30
06/30/2015 JDW/KAM 90 ORIG 2.65 27.19 06/30/2015 151815607523054999 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1189144 OXYCODONE/ACETAMINOPHEN 10-325MG TB WATSON C2 CMRKMPD 07609171378333890612
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO Q 4-6 H PRN
09/04/2013 60 0 10

09/04/2013 SLF/TLV 60 ORIG 2.65 39.52 09/04/2013 132477105233132999 CMRKMPD

RX 1194569 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 07609521379394678 12
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO QID PRN
08/14/2013 120 0 30
09/16/2013 RLJ/RLJ 120 ORIG 2.65 32.59 09/16/2013 132600737441219999 CMRKMPD

RX 1194570 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 07609511379394673 17
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO TID PRN
08/14/2013 90 0 30
09/16/2013 RLJ/RLJ 90 ORIG 2.65 85.18 09/16/2013 132600104246142999 CMRKMPD

RX 1206801 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 07609561381764753 15
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO TID
10/14/2013 90 0 30
10/14/2013 SHJ/KDT 90 ORIG 2.65 85.18 10/14/2013 132873799442021999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1193751 ZOLPIDEM ER 12.5MG TABLETS ANCHEN C4 CMRKMPD 07609321379212057 18
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO QHS
XFER TO STORE: 6507 RX#: 0867936 RPH INIT: LNG ENT INIT: JDW 11/05/2013 XFER FROM STORE DEA: BW8574344 RPH INIT: KDT
08/19/2013 30 1 30

09/14/2013 TDJ/RLJ 30 ORIG 2.65 131.20 09/14/2013 132577728185122998 CMRKMPD
RX 1218993 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 07609961384150785 13
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO QID
11/11/2013 120 0 30
11/11/2013 CMA/CMA 120 ORIG 2.65 32.59 11/11/2013 133150141049144999 CMRKMPD
RX 1218994 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 07609971384150787 14
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO TID
11/11/2013 90 0 30
11/11/2013 CMA/CMA 90 ORIG 2.65 190.79 11/11/2013 133150143662123998 CMRKMPD
RX 1230857 LUNESTA 3MG TABLETS SEPRACOR C4 CMRKMPD 07609541386605247 19
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 FC3361374
SIG: TK ONE T PO ONCE D HS
12/09/2013 60 1 60
12/09/2013 RLJ/RLJ 60 ORIG 0.00 580.53 12/09/2013 133433665942070999 CMRKMPD
RX 1230859 GABAPENTIN 800MG TABLETS GLENMARK RX CMRKMPD 07609551386605252 12
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 FC3361374
SIG: TK 1 T PO QID PRN
12/09/2013 120 1 30
12/09/2013 RLJ/RLJ 120 ORIG 0.00 141.77 12/09/2013 133433668159037999 CMRKMPD
RX 1230860 MORPHINE SULF 60MG ER TABS (12H) MYLAN C2 CMRKMPD 07609561386605256 17
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 FC3361374
SIG: TK 1 T PO TID PRN
12/09/2013 90 0 30
12/09/2013 RLJ/RLJ 90 ORIG 0.00 193.44 12/09/2013 133433669990131999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

RX 1230861 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 0760957138660526010
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 FC3361374
SIG: TK 1 T PO QID PRN
12/09/2013 120 0 30
12/09/2013 RLJ/RLJ 120 ORIG 0.00 35.24 12/09/2013 133433672423120999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0867936 ZOLPIDEM ER 12.5MG TABLETS ANCHEN C4 CMRKMPD 06507521383681663l6
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO QHS
08/19/2013 30 0 30

11/05/2013 JDW/LNG 30 ORIG 2.65 131.20 11/05/2013 133095047486030999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1278858 CARISOPRODOL 350MG TABLETS WATSON C4 CMRKMPD 0760954139595666212
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO BID
XFER TO STORE: 0 RX#: 0000000 RPH INIT: ENT INIT: KDT 04/27/2014 XFER FROM STORE DEA: RPH INIT: KDT
CLOSE CMMTS: PORSHA XFER COMPETITOR WAG 10851 (251)342-0957
03/27/2014 60 1 30

03/27/2014 KDT/JRT 60 ORIG 2.55 2.83 03/29/2014 140866096380088999 CMRKMPD
RX 1278860 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 0760955139595666518
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO QID
03/27/2014 120 0 30

DOCUMENT 424

Case: 1:21-op-45089-DAP Doc #: 1-1 Filed: 06/17/21 166 of 208. PageID #: 180

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

RX 1278861 MORPHINE SULF 60MG ER TABS (12H) MYLAN C2 CMRKMPD 0760956139595666816
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TK 1 T PO TID
03/27/2014 90 0 30

RX 1279544 MORPHINE SULF 60MG ER TABS (12H) MYLAN C2 CMRKMPD 0760953139609439617
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TAKE 1 TABLET BY MOUTH THREE TIMES A DAY
03/29/2014 90 0 30
03/29/2014 JRT/JRT 90 ORIG 2.55 171.42 03/29/2014 140882533428134999 CMRKMPD

RX 1279545 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 0760954139609439914
COUCH, J 28150 N PLAIN ST UNIT 8 DAPHNE, AL 36605 (251)445-4195 BC4507349
SIG: TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY
03/29/2014 120 0 30
03/29/2014 JRT/JRT 120 ORIG 2.55 35.85 03/29/2014 140882538658165999 CMRKMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
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ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0445478 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 1085149139862570414
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
04/24/2014 90 0 30

04/27/2014 PNB/PNB 90 ORIG 2.55 171.42 04/27/2014 141175118532104999 CMRKMPD

RX 0445479 GABAPENTIN 800MG TABLETS GLENMARK RX CMRKMPD 1085150139862570811
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO QID
04/24/2014 120 1 30

04/27/2014 PNB/PNB 120 ORIG 2.55 124.92 04/27/2014 141175120553168999 CMRKMPD

RX 0445480 CARISOPRODOL 350MG TABLETS WATSON C4 CMRKMPD 1085151139862666715
COUCH, J 3715 DAUPHIN ST MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO BID
03/27/2014 60 0 30

04/27/2014 PNB/PNB 60 ORIG 2.55 2.83 04/27/2014 141175193469148999 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1553245 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 VIVAMPD 06085571347896573l7
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
09/17/2012 90 0 30

09/17/2012 MNJ/SLB 90 ORIG 2.60 21.83 09/17/2012 122613859755146999 VIVAMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1594786 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 VIVAMPD 0608534135515784311
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
12/10/2012 90 0 30
12/10/2012 DNN/SLB 90 ORIG 2.60 21.83 12/10/2012 123453891748119999 VIVAMPD

RX 1594787 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 VIVAMPD 0608535135515784911
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
12/10/2012 90 0 30
12/10/2012 DNN/SLB 90 ORIG 2.60 76.57 12/10/2012 123453893193120999 VIVAMPD

RX 1594788 OXYCODONE/ACETAMINOPHEN 10-325MG TB WATSON C2 VIVAMPD 0608536135515785512
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 TO 2 TS PO Q 4 TO 6 H PRN P
12/10/2012 40 0 7
12/10/2012 DNN/SLB 40 ORIG 2.60 23.21 12/10/2012 123453895069116999 VIVAMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1594781 ZOLPIDEM ER 12.5MG TABLETS ANCHEN C4 CMRKMPD 06085331355157837l8
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK ONE T PO HS PRF SLP
12/10/2012 30 1 30

12/10/2012 RNW/SLB 30 ORIG 2.60 136.27 12/10/2012 123453879652146999 VIVAMPD
02/01/2013 DNN/DNN 30 RFL001 2.65 136.22 02/01/2013 130324359338079999 CMRKMPD

RX 1622653 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 0608516135999959211
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
01/07/2013 90 0 30
02/04/2013 CJL/AMC 90 ORIG 2.65 24.09 02/04/2013 130354221672055999 CMRKMPD

RX 1622654 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 0608517135999959715
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
01/07/2013 90 0 30
02/04/2013 CJL/AMC 90 ORIG 2.65 76.52 02/04/2013 130354222685100999 CMRKMPD

RX 1637037 OXYCODONE 15MG* IMMEDIATE REL TABS ACTAVIS C2 CMRKMPD 0608515136241793814
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
03/04/2013 90 0 30
03/04/2013 AMA/EAP 90 ORIG 2.65 37.08 03/04/2013 130634115445084999 CMRKMPD

RX 1637038 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 0608514136241793410
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
03/04/2013 90 0 30
03/04/2013 AMA/EAP 90 ORIG 2.65 76.52 03/04/2013 130634115864083999 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1120587 OXYCODONE/ACETAMINOPHEN 10-325MG TB WATSON C2 CMRKMPD 07609831364548453l9
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY
03/29/2013 30 0 10

03/29/2013 CMA/CMA 30 ORIG 2.65 17.01 03/29/2013 130881564740125999 CMRKMPD
RX 1122249 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 07609571364881379l3
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TAKE 1 T PO TID
03/04/2013 90 0 30
04/01/2013 CDA/CDA 90 ORIG 2.65 76.52 04/01/2013 130920303363126999 CMRKMPD
RX 1122250 OXYCODONE 15MG* IMMEDIATE REL TABS ACTAVIS C2 CMRKMPD 07609581364881389l6
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TAKE 1 T PO TID PRN
03/04/2013 90 0 30
04/01/2013 CDA/CDA 90 ORIG 2.65 37.08 04/01/2013 130920306176142999 CMRKMPD
RX 1134051 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 07609331367245987l0
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
04/29/2013 90 0 30
04/29/2013 SHJ/CRH 90 ORIG 2.65 76.52 04/29/2013 131193447285050999 CMRKMPD
RX 1134052 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 07609341367245989l3
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO QID PRN
04/29/2013 120 0 30
04/29/2013 SHJ/CRH 120 ORIG 2.65 32.59 04/29/2013 131193450144038999 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1134050 ZOLPIDEM ER 12.5MG TABLETS ANCHEN C4 CMRKMPD 0760932136724598418
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK ONE T PO HS PRF SLP
04/29/2013 30 1 30

04/29/2013 SHJ/CRH 30 ORIG 2.65 136.22 04/29/2013 131193445450134999 CMRKMPD
05/31/2013 FNA/FNA 30 RFL001 2.65 136.22 05/31/2013 131517429955104999 CMRKMPD

RX 1134053 CARISOPRODOL 350MG TABLETS WATSON C4 CMRKMPD 0760935136724599211
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO BID
04/29/2013 60 1 30

04/29/2013 SHJ/SCM 60 ORIG 1.41 4.22 04/29/2013 131193451766096999 CMRKMPD
05/27/2013 CMA/CMA 60 RFL001 1.41 4.22 05/27/2013 131470557566114999 CMRKMPD

RX 1147007 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 0760941136974569615
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO 3 TO 4 TIMES D
05/28/2013 120 0 30

05/28/2013 TLV/TLV 120 ORIG 2.65 32.59 05/28/2013 131482862664122998 CMRKMPD

RX 1147008 GABAPENTIN 800MG TABLETS CAMBER RX CMRKMPD 0760940136974569312
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO QID
04/29/2013 120 1 30

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

05/28/2013 SHJ/TLV 120 ORIG 2.65 125.07 05/28/2013 131482866341132999 CMRKMPD
RX 1147672 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 07609721369849143l4
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID
05/29/2013 90 0 30
05/29/2013 SHJ/TLV 90 ORIG 2.65 76.52 05/29/2013 131494588611135999 CMRKMPD
RX 1158198 CARISOPRODOL 350MG TABLETS WATSON C4 CMRKMPD 0760915137208292612
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO BID UTD BY YOUR PHYSICIAN
06/24/2013 60 1 30
06/24/2013 LPC/RLJ 60 ORIG 2.65 2.98 06/24/2013 131753308483050998 CMRKMPD
07/22/2013 CMA/CMA 60 RFL001 2.65 2.98 07/22/2013 132030582160132999 CMRKMPD
RX 1158199 MORPHINE SULFATE IMM REL 30MG TAB ROXANE C2 CMRKMPD 0760916137208293011
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO THREE TO FOUR TIMES D
06/24/2013 120 0 30
RX 1158200 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 0760917137208293415
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO TID UTD BY YOUR PHYSICIAN
06/24/2013 90 0 30
RX 1161105 ZOLPIDEM ER 12.5MG TABLETS ANCHEN C4 CMRKMPD 0760980137264999013
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO QHS
06/24/2013 30 5 30
RX 1169518 MORPHINE SULF 60MG ER TABS (12H) MALLINCKRODT C2 CMRKMPD 0760946137447486315
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY
06/24/2013 90 0 30
07/22/2013 CMA/CMA 90 ORIG 2.65 76.52 07/22/2013 132030576532147999 CMRKMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0547739 GABAPENTIN 600MG TABLETS GLENMARK RX BADVMPD 07609941276383234l5
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1/2 T PO TID AND 1= TS PO HS
XFER TO STORE: 0 RX#: 0000000 RPH INIT: ENT INIT: WAB 08/20/2010 XFER FROM STORE DEA: RPH INIT: WAB
CLOSE CMMTS: STEVE XFER COMPETITOR CVS (251)471-2591
05/11/2010 90 4 30

07/12/2010 CWW/WAB 90 ORIG 6.00 37.17 07/12/2010 101935091654003999 BADVMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0743931 METHADONE 10MG TABLETS ROXANE C2 BADVMPD 07609451289135036l6
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 2 TS PO Q 8 H. MAX OF 8 TS PER DAY
10/23/2010 240 0 40

10/26/2010 BDT/ELJ 240 ORIG 12.00 19.57 10/26/2010 102996589077006999 BADVMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0796795 ZOLPIDEM 10MG TABLETS MYLAN C4 ALBCMPD 0991498129400435514
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1 T PO QHS
10/04/2010 30 0 30

03/05/2011 CRC/AHR 5 ORIG 2.19 0.00 03/05/2011 110645429041006995 R ALBCMPD
03/05/2011 CRC/AHR 25 RFL001 2.72 0.00 03/08/2011 110645429041006994 C ALBCMPD

RX 0796806 MORPHINE SULFATE ER 30MG TABLETS MALLINCKRODT C2 ALBCMPD 0760932129935923119
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO BID
02/28/2011 60 0 30

03/05/2011 CRH/AHR 60 ORIG 7.00 17.31 03/05/2011 110645590759010998 ALBCMPD

RX 0796807 MORPHINE SULFATE IMM REL 15MG TAB ROXANE C2 ALBCMPD 0760935129935927219
COUCH, J 2001 SPRINGHILL AVE. MOBILE, AL 36605 (251)478-4900 BC4507349
SIG: TK 1 T PO BID TO TID
02/28/2011 90 0 45

DOCUMENT 424

Case: 1:21-op-45089-DAP Doc #: 1-1 Filed: 06/17/21 177 of 208. PageID #: 191

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

03/05/2011 CRC/AHR 90 ORIG 13.39 0.00 03/05/2011 110645598348015999 ALBCMPD

DOCUMENT 424

Case: 1:21-op-45089-DAP Doc #: 1-1 Filed: 06/17/21 178 of 208. PageID #: 192

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0700062 ZOLPIDEM 10MG TABLETS TEVA C4 ALBCMPD 09914981294004355l4
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1 T PO QHS
XFER TO STORE: 7609 RX#: 0796795 RPH INIT: AHR ENT INIT: STJ 03/05/2011 XFER FROM STORE DEA: BW7173242 RPH INIT: MAL
10/04/2010 30 1 30

02/03/2011 DLS/BJG 30 ORIG 5.74 0.00 02/03/2011 110346385991021999 ALBCMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 1181623 ZOLPIDEM 10MG TABLETS TEVA C4 BADVMPD 09256851264180945l9
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1 T PO QHS PRN
01/22/2010 30 0 30

03/21/2010 CCH/DWD 30 ORIG 4.84 0.00 03/21/2010 100805900853001999 BADVMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0395615 ZOLPIDEM 10MG TABLETS TEVA C4 BADVMPD 0925685126418094519
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1 T PO QHS PRN
XFER TO STORE: 6085 RX#: 1181623 RPH INIT: DWD ENT INIT: CCH 03/21/2010 XFER FROM STORE DEA: BW8880622 RPH INIT: JDB
01/22/2010 30 1 30

02/20/2010 DLT/CMW 30 ORIG 4.84 0.00 02/20/2010 100515342568005999 BADVMPD

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PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0869113 SERTRALINE 100MG TABLETS GREENSTONE RX BADVMPD 09256141264101939l8
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1 T PO BID (QAM AND NOON) DISCONTINUE PREVIOUS
XFER TO STORE: 0 RX#: 0000000 RPH INIT: ENT INIT: MLG 03/23/2010 XFER FROM STORE DEA: RPH INIT: MLG
CLOSE CMMTS: TO JON XFER COMPETITOR CVS (251)471-2591
01/20/2010 60 4 30

01/21/2010 MNH/JRW 60 ORIG 3.00 5.77 01/21/2010 100214873138010999 BADVMPD
02/18/2010 ANE/DBK 60 RFL001 3.00 5.77 02/18/2010 100495014987009999 BADVMPD

RX 0869734 ZOLPIDEM 10MG TABLETS TEVA C4 BADVMPD 0925685126418094519
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1 T PO QHS PRN
XFER TO STORE: 2203 RX#: 0395615 RPH INIT: CMW ENT INIT: DLT 02/20/2010 XFER FROM STORE DEA: BW9061172 RPH INIT: JRW
01/22/2010 30 2 30

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

01/22/2010 MNH/JRW 30 ORIG 4.84 0.00 01/22/2010 100224101949009999 BADVMPD
RX 0884422 OXYCODONE/APAP 10MG/325MG TABLETS WATSON C2 BADVMPD 0925672126652294819
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TAKE ONE TABLET BY MOUTH EVERY TWELVE TO TWENTY-FOUR HOURS AS DIRECTED
02/18/2010 45 0 22
02/18/2010 DDW/DBK 45 ORIG 6.00 31.33 02/18/2010 100495026141005999 BADVMPD
RX 0884506 SIMVASTATIN 40MG TABLETS LUPIN RX BADVMPD 0925622126652714218
MEADOWS, R 217 DOTHAN ROAD ABBEVILLE, AL 36605 (334)585-6421 AM2131667
SIG: TK ONE T PO ONCE D
02/24/2009 30 0 30
02/18/2010 KRC/TKM 30 ORIG 3.00 3.33 02/21/2010 100495491646008999 BADVMPD
RX 0884507 ALBUTEROL 0.083% INH SOLN 60 X 3ML NEPHRON RX 0925623126652714712
HARRELSON, R 101 PROFESSIONAL LN ENTERPRISE, AL 36605 (334)347-3404 BH3901027
SIG: USE ONE VIAL PER NEBULIZER QID UTD
11/05/2009 360 0 0
RX 0884508 GABAPENTIN 600MG TABLETS GLENMARK RX BADVMPD 0925624126652715217
MEADOWS, R 217 DOTHAN ROAD ABBEVILLE, AL 36605 (334)585-6421 AM2131667
SIG: TK ONE T PO TID
08/09/2009 90 0 30
02/18/2010 KRC/TKM 90 ORIG 6.00 37.17 02/21/2010 100495497714005999 BADVMPD
RX 0885022 PROAIR INHALER (200 PUFFS) 8.5GM IVAX RX BADVMPD 0925623126660914711
MEADOWS, R 217 DOTHAN ROAD ABBEVILLE, AL 36605 (334)585-6421 AM2131667
SIG: INHALE 2 PUFFS PO QID PRN
XFER TO STORE: 7609 RX#: 0657966 RPH INIT: CDA ENT INIT: CDA 03/11/2010 XFER FROM STORE DEA: BW9061172 RPH INIT: JRW
02/19/2010 8.500 3 25
02/19/2010 JAR/MLG 8.500 ORIG 35.00 4.92 02/19/2010 100505028301007999 BADVMPD
RX 0885719 METHADONE 10MG TABLETS MALLINCKRODT C2 BADVMPD 0925635126679338312
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 2 TS PO Q 6 H
02/21/2010 240 0 40
02/21/2010 KGA/JRW 240 ORIG 12.00 19.57 02/21/2010 100526150078006997 BADVMPD
RX 0885720 BUSPIRONE 10MG TABLETS MYLAN RX BADVMPD 0925634126679338016
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 2 TS PO QAM AND 2 TS AT NOON FOR 10 DAYS AND THEN TK THREE TS PO QAM AND 3 TS AT NOON
02/21/2010 160 0 30
02/21/2010 KGA/JRW 160 ORIG 6.00 18.40 02/21/2010 100526190613008999 BADVMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0657966 PROAIR INHALER (200 PUFFS) 8.5GM IVAX RX BADVMPD 09256231266609147 11
MEADOWS, R 217 DOTHAN ROAD ABBEVILLE, AL 36605 (334)585-6421 AM2131667
SIG: INHALE 2 PUFFS PO QID PRN
XFER TO STORE: 1777 RX#: 0524681 RPH INIT: WAB ENT INIT: WAB 04/27/2010 XFER FROM STORE DEA: BW8574344 RPH INIT: KYE
02/19/2010 8.500 2 25

03/11/2010 CDA/CDA 8.500 ORIG 35.00 4.92 03/11/2010 100700696995002999 BADVMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0524681 PROAIR INHALER (200 PUFFS) 8.5GM IVAX RX BADVMPD 09256231266609147 11
MEADOWS, R 217 DOTHAN ROAD ABBEVILLE, AL 36605 (334)585-6421 AM2131667
SIG: INHALE 2 PUFFS PO QID PRN
XFER TO STORE: 7609 RX#: 0695734 RPH INIT: KYE ENT INIT: SLC 06/21/2010 XFER FROM STORE DEA: BW9010024 RPH INIT: AML
02/19/2010 8.500 1 25

04/27/2010 WAB/WAB 8.500 ORIG 35.00 4.92 04/27/2010 101173125582004999 BADVMPD
RX 0547766 METHADONE 10MG TABLETS ROXANE C2 BADVMPD 0177787127896385418
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 2 TS PO Q 4-6 H
07/12/2010 350 0 30
07/12/2010 NSJ/CWW 350 ORIG 6.00 39.12 07/12/2010 101935327056006999 BADVMPD

DOCUMENT 424

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

BROCKEL , BRUCE 4013 MARYDALE DR MOBILE, AL 36605 (251)727-8511 [redacted]

RX 0692886 METHADONE 10MG TABLETS ROXANE C2 BADVMPD 07609931276382908l3
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 2 TS PO Q 4 TO 6 H
06/12/2010 350 0 30

DOCUMENT 424

Case: 1:21-op-45089-DAP Doc #: 1-1 Filed: 06/17/21 186 of 208. PageID #: 200

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME DOC ADDRESS DOC PHONE# DEA#
ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
AUTH NBR AUTH BY

06/12/2010 JBA/LLF 350 ORIG 6.00 39.12 06/12/2010 101636422020004998 BADVMPD
RX 0692887 GABAPENTIN 600MG TABLETS GLENMARK RX BADVMPD 0760994127638323415
JANUSH, R 350 TAYLOR ROAD MONTGOMERY, AL 36605 (334)260-8988 BJ5063639
SIG: TK 1/2 T PO TID AND 1= TS PO HS
XFER TO STORE: 1777 RX#: 0547739 RPH INIT: KPH ENT INIT: CWW 07/12/2010 XFER FROM STORE DEA: BW8574344 RPH INIT: KYE
05/11/2010 90 5 30
06/12/2010 JBA/LLF 90 ORIG 6.00 37.17 06/12/2010 101636449591002999 BADVMPD
RX 0695734 PROAIR INHALER (200 PUFFS) 8.5GM IVAX RX BADVMPD 0925623126660914711
MEADOWS, R 217 DOTHAN ROAD ABBEVILLE, AL 36605 (334)585-6421 AM2131667
SIG: INHALE 2 PUFFS PO QID PRN
02/19/2010 8.500 0 25
06/21/2010 SLC/KYE 8.500 ORIG 35.00 4.92 06/21/2010 101723063872010999 BADVMPD

DOCUMENT 424

EXHIBIT 3

2. Leg swelling	M79.89	
3. Uncontrolled diabetes mellitus	E11.65	Lipid panel Fingerstick A1C CBC and Differential (Hillcrest) Comprehensive metabolic panel Urinalysis, Chemstrip Urine Microscopic Sedimentation rate, automated Thyroid Prof(TSH+FRT4)
4. Chronic pain disorder	G89.4	

Plan:

Ultrasound left testicle
Schedule CT scan of testicle or possible hernia
Refill medications
Rx Cipro for orchitis

Orders Placed This Encounter
Procedures
- Lipid panel
- Fingerstick A1C
- CBC and Differential (Hillcrest)
- Comprehensive metabolic panel
- Urinalysis, Chemstrip
- Urine Microscopic
- Sedimentation rate, automated
- Thyroid Prof(TSH+FRT4)

Follow-up and Disposition
Return in about 4 weeks (around 2/11/2016).

Documented by Megan Haber acting as a scribe for Dr. Simpson. Physical findings, diagnosis, and treatment plan were discussed with the patient who verbalized understanding and agreement.

I, Dr. Simpson, have reviewed this note that was performed by my scribe. This document accurately describes all work, procedures and medical decision making by me.

Meds at end of visit:

Patient's Medications

New Prescriptions

No medications on file

Current Medications

ALBUTEROL (PROVENTIL HFA / VENTOLIN HFA / PROAIR) 90 MCG/ACTUATION INHALER	Inhale 1-2 Puffs by mouth every 4 hours as needed for Wheezing.
	TAKE 1 CAP BY MOUTH DAILY.

DILTIAZEM CD (CARDIZEM CD) 120 MG CAPSULE	
DULOXETINE (CYMBALTA) 30 MG CAPSULE	Take 30 mg by mouth daily.
GABAPENTIN (NEURONTIN) 400 MG CAPSULE	Take 800 mg by mouth 4 times daily.
MORPHINE (AVINZA) 60 MG SR CAPSULE	Take 60 mg by mouth daily.
MORPHINE (MS IR) 15 MG TABLET	Take 15 mg by mouth every 4 hours as needed for Severe pain.
RAMELTEON (ROZEREM) 8 MG TABLET	Take 8 mg by mouth at bedtime.
TIZANIDINE (ZANAFLEX) 4 MG TABLET	Take 1 Tab by mouth every 8 hours as needed for Spasm or Pain.
ZOLPIDEM (AMBIEN) 10 MG TABLET	Take 10 mg by mouth nightly as needed for Sleep.

Modified Medications

Modified Medication	Previous Medication
HYDROCHLOROTHIAZIDE (MICROZIDE) 12.5 MG CAPSULE Take 1 Cap by mouth daily.	hydrochlorothiazide (MICROZIDE) 12.5 mg capsule Take 1 Cap by mouth daily.
METFORMIN (GLUCOPHAGE) 500 MG TABLET Take 2 Tabs by mouth 2 times daily.	metFORMIN (GLUCOPHAGE) 500 mg tablet Take 2 Tabs by mouth 2 times daily.

Discontinued Medications

FAMOTIDINE (PEPCID) 20 MG TABLET	Take 20 mg by mouth 2 times daily as needed.
IBUPROFEN (MOTRIN) 600 MG TABLET	Take 1 Tab by mouth every 6 hours as needed (pain).
OXYCODONE (OXY-IR) 30 MG IMMEDIATE RELEASE TABLET	Take 30 mg by mouth every 6 hours.
OXYCODONE (OXYCONTIN) 80 MG SR 12 HR TABLET	Take 80 mg by mouth every 12 hours.
SERTRALINE (ZOLOFT) 50 MG TABLET	Take 1 Tab by mouth daily.

Stephen T. Simpson, Jr., MD
Electronically signed 1/14/2016 10:39 AM
ST2011059102

Medicare Advantage on 1/14/2016

Brockel, Bruce R

MRN: 0012914294
Description: 46 year old male

Progress Notes Encounter Date: 6/9/2015

Stephen T Simpson Jr., MD
Internal Medicine

Assessment and Plan:

Patient's Medications

New Prescriptions

No medications on file

Current Medications

ALBUTEROL (PROVENTIL HFA / VENTOLIN HFA / PROAIR) 90 MCG/ACTUATION INHALER	Inhale 1-2 Puffs by mouth every 4 hours as needed for Wheezing.
DILTIAZEM CD (CARDIZEM CD) 120 MG CAPSULE	TAKE 1 CAP BY MOUTH DAILY.
DULOXETINE (CYMBALTA) 30 MG CAPSULE	Take 30 mg by mouth daily.
GABAPENTIN (NEURONTIN) 400 MG CAPSULE	Take 800 mg by mouth 4 times daily.
MORPHINE (AVINZA) 60 MG SR CAPSULE	Take 60 mg by mouth daily.
MORPHINE (MS IR) 15 MG TABLET	Take 15 mg by mouth every 4 hours as needed for Severe pain.
RAMELTEON (ROZEREM) 8 MG TABLET	Take 8 mg by mouth at bedtime.
TIZANIDINE (ZANAFLEX) 4 MG TABLET	Take 1 Tab by mouth every 8 hours as needed for Spasm or Pain.
ZOLPIDEM (AMBIEN) 10 MG TABLET	Take 10 mg by mouth nightly as needed for Sleep.

Modified Medications

Modified Medication	Previous Medication
HYDROCHLOROTHIAZIDE (MICROZIDE) 12.5 MG CAPSULE Take 1 Cap by mouth daily.	hydrochlorothiazide (MICROZIDE) 12.5 mg capsule Take 1 Cap by mouth daily.
METFORMIN (GLUCOPHAGE) 500 MG TABLET Take 2 Tabs by mouth 2 times daily.	metFORMIN (GLUCOPHAGE) 500 mg tablet Take 2 Tabs by mouth 2 times daily.

Discontinued Medications

FAMOTIDINE (PEPCID) 20 MG TABLET	Take 20 mg by mouth 2 times daily as needed.
IBUPROFEN (MOTRIN) 600 MG TABLET	Take 1 Tab by mouth every 6 hours as needed (pain).
OXYCODONE (OXY-IR) 30 MG IMMEDIATE RELEASE TABLET	Take 30 mg by mouth every 6 hours.
OXYCODONE (OXYCONTIN) 80 MG SR 12 HR TABLET	Take 80 mg by mouth every 12 hours.
SERTRALINE (ZOLOFT) 50 MG TABLET	Take 1 Tab by mouth daily.

Stephen T. Simpson, Jr., MD
Electronically signed on 1/14/2016 at 10:51 AM
ST 19536

Medicare Advantage on 1/14/2016

Brockel, Bruce R

MRN: 0012914294
Description: 47 year old male

Progress Notes Encounter Date: 1/14/2016

Patient's Medications

New Prescriptions

No medications on file

Current Medications

ALBUTEROL (PROVENTIL HFA / VENTOLIN HFA / PROAIR) 90 MCG/ACTUATION INHALER	Inhale 1-2 Puffs by mouth every 4 hours as needed for Wheezing.
CANAGLIFLOZIN (INVOKANA) 100 MG TAB	Take 1 Tab by mouth every morning (before breakfast).
DILTIAZEM CD (CARDIZEM CD) 120 MG CAPSULE	TAKE 1 CAP BY MOUTH DAILY.
DULOXETINE (CYMBALTA) 30 MG CAPSULE	Take 30 mg by mouth daily.
GABAPENTIN (NEURONTIN) 400 MG CAPSULE	Take 800 mg by mouth 4 times daily.
HYDROCHLOROTHIAZIDE (MICROZIDE) 12.5 MG CAPSULE	Take 1 Cap by mouth daily.
METFORMIN (GLUCOPHAGE) 500 MG TABLET	Take 2 Tabs by mouth 2 times daily.
MORPHINE (AVINZA) 60 MG SR CAPSULE	Take 60 mg by mouth daily.
MORPHINE (MS IR) 15 MG TABLET	Take 15 mg by mouth every 4 hours as needed for Severe pain.
TIZANIDINE (ZANAFLEX) 4 MG TABLET	Take 1 Tab by mouth every 8 hours as needed for Spasm or Pain.
ZOLPIDEM (AMBIEN) 10 MG TABLET	Take 10 mg by mouth nightly as needed for Sleep.

Modified Medications

No medications on file

Discontinued Medications

RAMELTEON (ROZEREM) 8 MG TABLET	Take 8 mg by mouth at bedtime.

Stephen T. Simpson, Jr., MD
Electronically signed 3/16/2016 10:14 AM
ST2011059102

Office Visit on 3/16/2016

Brockel, Bruce R

MRN: 0012914294
Description: 47 year old male

Progress Notes Encounter Date: 1/14/2016

Stephen T Simpson Jr., MD
Internal Medicine

Expand All Collapse All

Provider: Stephen T. Simpson, Jr., MD
Reason for exam: Annual Assessment for VIVA

EXHIBIT 4

Company Overview

Zydus Pharmaceuticals (USA) Inc. is located in Pennington, NJ, and is the U.S. division of Cadila Healthcare. Since our first commercial launch in August of 2005, we have grown steadily and are now one of the top 10 U.S. generic companies in total prescriptions dispensed. We are also proud to note that since 2005 we have been recognized annually by IMS Health as one of the fastest growing pharmaceutical companies in the U.S. Zydus is focused on providing outstanding customer service, along with high-quality, affordable generic products to our customers and their patients.

Zydus is a vertically integrated generic pharmaceutical company. We manufacture over 50% of our product's active pharmaceutical ingredient (API) and in fact take it a few steps further by even manufacturing our own bottles. This allows us to ensure and maintain our excellent supply record to our customers. We have also already completed 2D bar-coding on all of our manufactured products to meet the future pedigree requirements.

We have an exciting pipeline coming in the next few years including several first-to-file and 505B2 opportunities, nasal sprays, dermatological, injectable, oncology products, and metered dose inhalers. With our purchase of Nesher Pharmaceuticals in St. Louis, MO, we now are also providing controlled substances and additional difficult to manufacture extended release products.

To learn more, please Contact Us through this website or call (609) 730-1900.

FEATURED PRODUCTS

FACILITIES SLIDESHOW

WHAT ARE GENERICS?

VIEW OUR INTERACTIVE CATALOG

zydus pharmaceuticals
73 Route 31 N, Pennington, NJ 08534

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Site created by Connections Marketing

Our Products: A - Z

LIST PRINT

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A:

Acamprosate Calcium DR Tablets

Acetazolamide ER Capsules

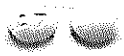
Acyclovir Tablets

Amantadine HCl Capsules, USP

Amiodarone HCl Tablets

A:

Amlodipine Besylate Tablets



Anastrozole Tablets

Atenolol Tablets, USP

Azathioprine Tablets, USP

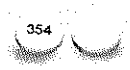
B:

Benzonatate Capsules, USP

Benztropine Mesylate Injection, USP

Bicalutamide Tablets

Bromocriptine Mesylate Capsules



Bupropion ER Tablets

B:

Buspirone Hydrochloride Tablets, USP

C:

Carvedilol Tablets

Clarithromycin ER Tablets

Clarithromycin for Oral Suspension, USP

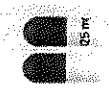
Clarithromycin Tablets, USP

Cyproheptadine HCl Tablets

D:

Dextroamphetamine Sulfate Tablets, USP

Dipyridamole Tablets, USP



Divalproex Sodium Capsules (Sprinkle)

Divalproex Sodium DR Tablets, USP

Divalproex Sodium ER Tablets

D:

Donepezil HCl OD Tablets

Doxycycline Capsules, USP

Duloxetine DR Capsules, USP

E:


Eletriptan HBr Tablets


Etodolac ER Tablets


Etomidate Injection


Famotidine for Oral Suspension, USP


Fenofibrate Tablets

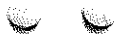
Image Coming Soon
Fenofibric Acid DR Capsules


Fluconazole Tablets, USP


Gabapentin Tablets


Galantamine HBr Tablets, USP


Glipizide/Metformin HCl Tablets, USP


Glyburide Tablets, USP


Glyburide/Metformin HCl Tablets, USP


Haloperidol Tablets, USP

Hydroxychloroquine Sulfate Tablets, USP


Indomethacin Capsules, USP


Isosorbide Mononitrate ER Tablets

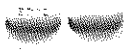

Lamotrigine CD Tablets


Lamotrigine Tablets


Lansoprazole DR Capsules


Levofloxacin Tablets


Losartan Potassium Tablets, USP


Losartan Potassium/HCTZ Tablets, USP


Meloxicam Tablets, USP


Mesalamine DR Tablets (1.2gm)

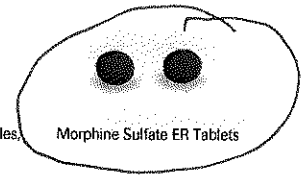

Mesalamine DR Tablets (800mg)


Metformin HCl ER Tablets, USP


Metformin HCl Tablets, USP


Methotrexate Tablets, USP


Minocycline HCl Capsules, USP


Morphine Sulfate ER Tablets


Nadolol Tablets


Nateglinide Tablets, USP


Niacin ER Tablets

Image Coming Soon
Nitroglycerin Transdermal System


Olmesartan Medoxomil Tablets

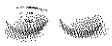

Omeprazole DR Capsules, USP


Oseltamivir Phosphate Capsules, USP


Oseltamivir Phosphate for Oral Suspension


Oxycodone HCl Tablets, USP


Paricalcitol Capsules


Paroxetine Tablets, USP


Potassium Chloride ER Capsules, USP


Potassium Chloride ER Tablets, USP


Potassium Citrate ER Tablets


Pramipexole Dihydrochloride Tablets


Pravastatin Sodium Tablets, USP


Promethazine HCl Tablets, USP


Pyridostigmine Bromide Tablets, USP


Ramipril Capsules


Ranitidine Injection, USP

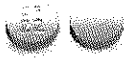

Ribavirin Capsules


Ribavirin for Inhalation Solution, USP


Ribavirin Tablets


Risperidone OD Tablets


Risperidone Tablets, USP


Ropinirole HCl Tablets


Simvastatin Tablets, USP

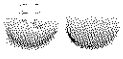

Sirolimus Tablets


Sodium Phenylacetate/Sodium Benzoate Injection


Tamsulosin HCl Capsules, USP


Telmisartan Tablets, USP


Topiramate Capsules Sprinkle


Topiramate Tablets


Tramadol HCl Tablets


Tramadol HCl/APAP Tablets


Venlafaxine HCl ER Capsules


Venlafaxine HCl Tablets


Voriconazole Tablets


Warfarin Sodium Tablets, USP

Zolmitriptan Orally
Disintegrating Tablets

zydus pharmaceuticals
73 Route 31 N, Pennington, NJ 08534

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Site created by Connections Marketing

EXHIBIT 5

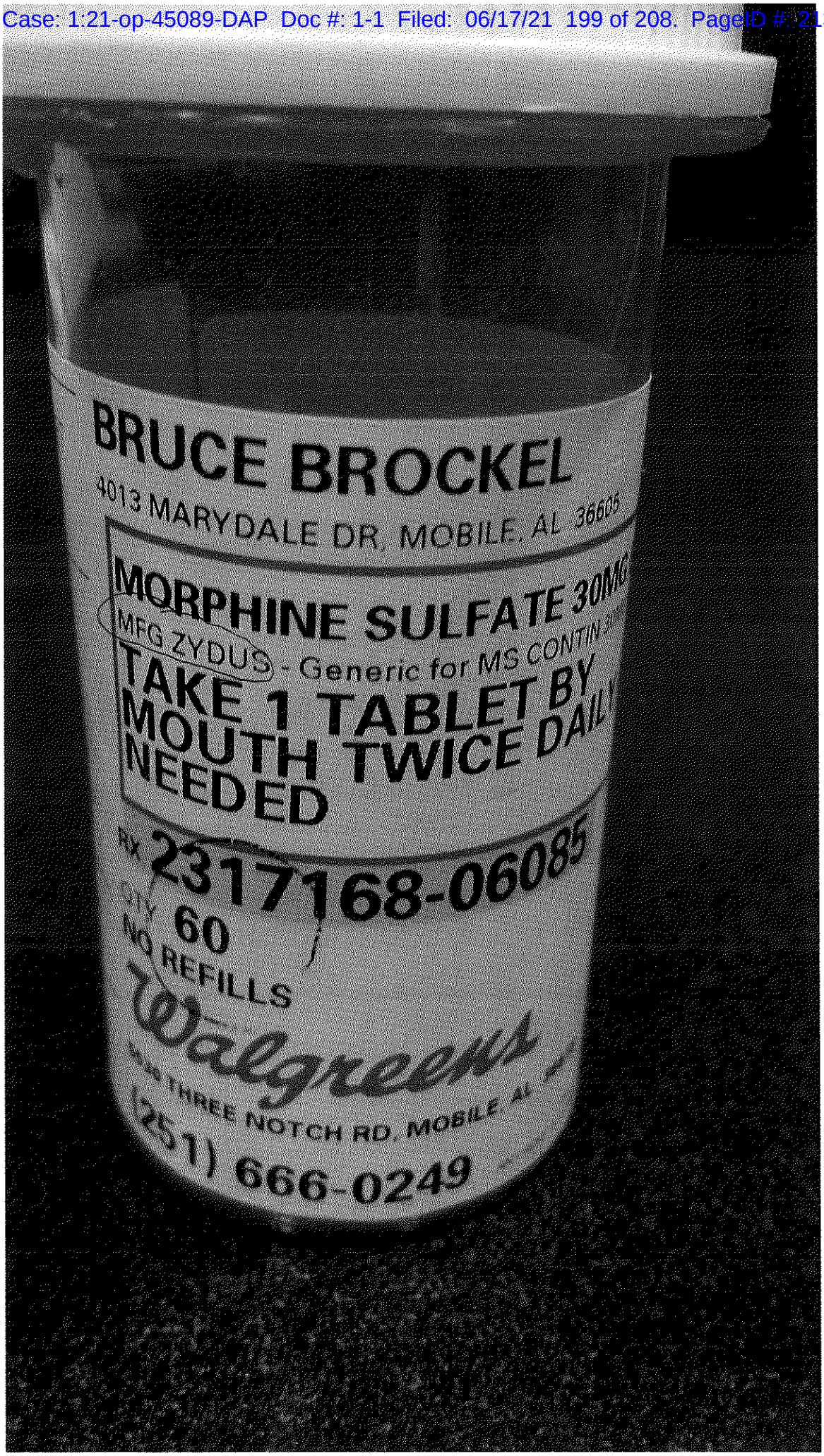
BRUCE BROCKEL
4013 MARYDALE DR, MOBILE, AL 36605
MORPHINE SULFATE 30MG
MFG ZYDUS - Generic for MS CONTIN
TAKE 1 TABLET BY MOUTH TWICE DAILY
NEEDED
Rx 231168-06085
QTY 60
NO REFILLS
Walgreens
THREE NOTCH RD, MOBILE, AL
(251) 666-0249

EXHIBIT 6

OxyContin 80 mg oral tablet,oral only,ext.rel.12 hr — **Active**

SIG: Take 1 tablet po bid

04/24/2015	**Prescribed**	DISP: (60) Tablet,oral only,ext.rel.12 hr with 0 refills	Provider: John P. Couch MD
		Est. Completion: --	User: shoman
		Created: 04/24/2015 9:18AM	
		Printed: 04/24/2015	
		Comment: ms contin not available at pharmacy replaced with this until available per ben crnp	

Percocet 10-325 mg oral tablet — **Discontinued**

SIG: take 1 tablet by oral route every 6 hours as needed

05/25/2011	**Prescribed**	DISP: (120) tablets with 0 refills	Provider: John P. Couch MD
		Est. Completion: 06/24/2011	User: jcouch
		Created: 05/25/2011 10:27AM	
		Comment: Plan to wean to tid after this month and treatments	
		Maintenance Medication.	
10/14/2013	**Discontinued**	Discontinued by Patient	Provider: John P. Couch MD
		Medication Intolerance	User: jpalmer
		Created: 10/14/2013 8:35AM	

Roxicodone 30 mg oral tablet — Expired

Roxicodone 30 mg oral tablet — Expired

Roxicodone 30 mg oral tablet — Expired

Roxicodone 30 mg oral tablet — Expired

Roxicodone 30 mg oral tablet — Expired

Roxicodone 30 mg oral tablet — Expired

Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
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Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired
Roxicodone 30 mg oral tablet	Expired

Roxicodone 30 mg oral tablet Expired

Roxicodone 30 mg oral tablet Expired

SIG: take 1 tablet (30 mg) by oral route every 6 hours for 30 days

05/22/2014	**Prescribed**	DISP: (90) tablets with 0 refills Est. Completion: 06/21/2014 Created: 05/22/2014 8:55AM Printed: 05/22/2014	Provider: John P. Couch MD User: jpalmer

SIG: take 1 tablet by oral route every 6 hours for 30 days *DO NOT FILL UNTIL 06/19/14*

06/16/2014	**Adjusted**	DISP: (90) tablets with 0 refills Est. Completion: 07/16/2014 Created: 06/16/2014 3:33PM Printed: 06/16/2014	Provider: John P. Couch MD User: achristy
07/17/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 08/16/2014 Created: 07/17/2014 3:07PM Printed: 07/17/2014	Provider: John P. Couch MD User: chileanfletcher

SIG: take 1 tablet by oral route every 6 hours for 30 days

07/17/2014	**Adjusted**	DISP: (90) tablets with 0 refills Est. Completion: 08/16/2014 Created: 07/17/2014 3:08PM	Provider: John P. Couch MD User: chileanfletcher
07/17/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 08/16/2014 Created: 07/17/2014 3:08PM Printed: 07/17/2014	Provider: John P. Couch MD User: chileanfletcher
08/15/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 09/14/2014 Created: 07/17/2014 3:09PM Printed: 07/17/2014	Provider: John P. Couch MD User: chileanfletcher
09/12/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 10/12/2014 Created: 09/12/2014 9:16AM Printed: 09/12/2014	Provider: John P. Couch MD User: chileanfletcher
10/10/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 11/09/2014 Created: 09/12/2014 9:18AM Printed: 09/12/2014	Provider: John P. Couch MD User: chileanfletcher
11/06/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 12/06/2014 Created: 11/06/2014 10:19AM	Provider: Judge Lee, Jr. User: judgelee

Printed: 11/06/2014

12/04/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 01/03/2015 Created: 11/06/2014 10:22AM Printed: 11/06/2014	Provider: John P. Couch MD User: judgelee
12/01/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 12/31/2014 Created: 11/06/2014 10:23AM Printed: 11/06/2014	Provider: John P. Couch MD User: judgelee
11/10/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 12/10/2014 Created: 11/10/2014 8:36AM	Provider: John P. Couch MD User: judgelee
11/06/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 12/06/2014 Created: 11/10/2014 8:37AM Printed: 11/10/2014	Provider: John P. Couch MD User: judgelee
12/04/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 01/03/2015 Created: 11/10/2014 8:37AM	Provider: John P. Couch MD User: judgelee
12/29/2014	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 01/28/2015 Created: 11/10/2014 8:38AM Printed: 11/10/2014	Provider: John P. Couch MD User: judgelee
01/29/2015	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 02/28/2015 Created: 01/29/2015 8:32AM Printed: 01/29/2015	Provider: John P. Couch MD User: monicacarroll
03/02/2015	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 04/01/2015 Created: 02/27/2015 8:35AM Printed: 02/27/2015	Provider: John P. Couch MD User: shoman
02/27/2015	**Refilled**	DISP: (90) tablets with 0 refills Est. Completion: 03/29/2015 Created: 02/27/2015 10:16AM Printed: 02/27/2015	Provider: John P. Couch MD User: chileanfletcher

SIG: take 1 tablet by oral route Q 6 hours for 30 days *DO NOT FILL UNTIL 03/27/15*

03/23/2015	**Adjusted**	DISP: (120) tablets with 0 refills Est. Completion: 04/22/2015 Created: 03/23/2015 10:31AM Printed: 03/23/2015	Provider: John P. Couch MD User: achristy

SIG: take 1 tablet (30 mg) by oral route every 6 hours for 30 days

03/26/2015	**Adjusted**	DISP: (120) tablets with 0 refills Est. Completion: 04/25/2015 Created: 03/26/2015 12:57PM Printed: 03/26/2015	Provider: John P. Couch MD User: bclark

04/23/2015	**Refilled**	DISP: (120) tablets with 0 refills Est. Completion: 05/23/2015 Created: 04/23/2015 12:53PM Printed: 04/23/2015	Provider: John P. Couch MD User: shoman

Rozerem 8 mg oral tablet Expired

Rozerem 8 mg oral tablet Expired

Rozerem 8 mg oral tablet Expired

Rozerem 8 mg oral tablet Expired

Rozerem 8 mg oral tablet Expired

SIG: take 1 tablet (8 mg) by oral route once daily at bedtime for 30 days

01/29/2015	**Prescribed**	DISP: (30) tablets with 0 refills Est. Completion: 02/28/2015 Created: 01/29/2015 5:00PM Printed: 01/29/2015	Provider: Ben Clark CRNP User: bclark
03/02/2015	**Refilled**	DISP: (30) tablets with 0 refills Est. Completion: 04/01/2015 Created: 02/27/2015 8:35AM Printed: 02/27/2015	Provider: John P. Couch MD User: shoman
02/27/2015	**Refilled**	DISP: (30) tablets with 0 refills Est. Completion: 03/29/2015 Created: 02/27/2015 10:16AM Printed: 02/27/2015	Provider: John P. Couch MD User: chileanfletcher

SIG: take 1 tablet by oral route QHS for 30 days *DO NOT FILL UNTIL 03/27/15*

03/23/2015	**Adjusted**	DISP: (30) tablets with 0 refills Est. Completion: 04/22/2015 Created: 03/23/2015 10:31AM Printed: 03/23/2015	Provider: John P. Couch MD User: achristy

SIG: take 1 tablet by oral route QHS for 30 days

03/26/2015	**Adjusted**	DISP: (30) tablets with 1 refills Est. Completion: 05/25/2015 Created: 03/26/2015 12:57PM Printed: 03/26/2015	Provider: John P. Couch MD User: bclark

EXHIBIT 7

Printed: 03/27/2014

05/22/2014	**Refilled**	DISP: (30) tablets with 1 refills Est. Completion: 07/21/2014 Created: 05/22/2014 7:23AM Printed: 05/22/2014	Provider: John P. Couch MD User: chileanfletcher
07/17/2014	**Refilled**	DISP: (30) tablets with 1 refills Est. Completion: 09/15/2014 Created: 07/17/2014 3:07PM Printed: 07/17/2014	Provider: John P. Couch MD User: chileanfletcher
09/12/2014	**Refilled**	DISP: (30) tablets with 1 refills Est. Completion: 11/11/2014 Created: 09/12/2014 9:16AM Printed: 09/12/2014	Provider: John P. Couch MD User: chileanfletcher
11/06/2014	**Refilled**	DISP: (30) tablets with 2 refills Est. Completion: 02/04/2015 Created: 11/06/2014 10:19AM Printed: 11/06/2014	Provider: John P. Couch MD User: judgelee
01/29/2015	**Refilled**	DISP: (30) tablets with 1 refills Est. Completion: 03/30/2015 Created: 01/29/2015 8:32AM Printed: 01/29/2015	Provider: John P. Couch MD User: monicacarroll
01/29/2015	**Discontinued**	Discontinued by Patient Medication Intolerance Created: 01/29/2015 4:59PM	Provider: John P. Couch MD User: bclark

Fentora 800 mcg buccal tablet, effervescent — Expired

Fentora 800 mcg buccal tablet, effervescent — Expired

Fentora 800 mcg buccal tablet, effervescent — **Discontinued**

SIG: place 1 tablet (800 mcg) by buccal route 4 times per day for 30 days

11/06/2014	**Prescribed**	DISP: (84) Tab with 0 refills Est. Completion: 12/06/2014 Created: 11/06/2014 11:49AM Printed: 11/06/2014	Provider: John P. Couch MD User: jpalmer

SIG: place 1 tablet (800 mcg) by buccal route 4 times per day for 30 days

12/03/2014	**Adjusted**	DISP: (84) Tab with 0 refills Est. Completion: 01/02/2015 Created: 11/06/2014 11:50AM Printed: 11/06/2014	Provider: John P. Couch MD User: jpalmer
01/29/2015	**Refilled**	DISP: (84) Tab with 0 refills	Provider: John P. Couch MD

Est. Completion: 02/28/2015 User: monicacarroll
Created: 01/29/2015 8:32AM
Printed: 01/29/2015

01/29/2015 **Discontinued** Discontinued by Patient Provider: John P. Couch MD
Medication Intolerance User: bclark
Created: 01/29/2015 4:57PM

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet Expired

Lunesta 3 mg oral tablet **Discontinued**

SIG: take 1 tablet (3 mg) by oral route once daily at bedtime for 30 days

10/14/2013 **Prescribed** DISP: (60) tablets with 1 refills Provider: John P. Couch MD
Est. Completion: 12/13/2013 User: jpalmer
Created: 10/14/2013 8:35AM